DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06308 Middle 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First 30 pm PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Month Yeor (Type or print) Horace Calvin IF LINDER 24 HRS. IF UNDER 1 YEAR DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE MONTHS DAYS lost birthdoy) Whi te 76 Sept. Male 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED [LNEVER MARRIED [country) **V**icomico WIDOWED DIVORCED [12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12h. KIND OF BUSINESS OR burial, cremation, or removal, and in any event, within Hospital Retired Fa give street oddress) Peninsula INDUSTRY Salisbury ottending physician one corban General 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 12c. CITY OR TOWN 13d. INSIDE CITY LUAITS? 13e. STREET AND NUMBER 13b. COUNTY NO B Sussex Federalshu aware IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Virginia Morris Adams Roger Adams 16b. SOCIAL SECURITY NO. Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Federalsbur (If yes give war or dates at service) Yes, no, or unknown) Hickman 220-34-9493 Mrs 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) **burial-transit** rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the hospital or ottending TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been os the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NOTE: for use 3 should be detached for use with the State Dept. of Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town County While Not while of work 220. I certify that (I) (this hospital) attended the deceased fram April 2, 1968, to April 8, 1968, that (I) (we) last saw the deceased alive an April 8 19 , and that in (my) (aur) apinian deoth accurred on the date and haur and fram the causes stoted above, (I) (we) (did) (did not) view the body after death. 11:50 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR PHYS director, page should be filed 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Medica 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Federalsburg. Bloomery 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATEAPR : Olienso 196B Federalsburg, 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06303 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR First law requires that the death certificate be executed within 24 habrs after death. death signed by the attending physician and campletely filled in by the faheral burial-transit permit. Then please remave carban papers. Pages 1 and (Type or print) Month LUCY ELLEN ADKINS 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. haurs after 3. SFX 6. AGE (In years IF UNDER 1 YEAR last birthday) 8-1-1879 White Female 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 'Why land U.S.A. Wicomico WIDOWED A DIVORCED [7] within 72 IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Pr. Sanitarium during most of working life, even if retired.) INDUSTRY Own Home Salisbury and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Wicomico 215 Glen Ave., YES TXT NO T alisbury Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last Last Peyton Levin Pollitt Emma 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 21 Addresslen Ave., Mrs. Herbert G. Wallace Yes, pg-prunknawn) ar remayal, Salisbury, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 deur IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior tal be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ā OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. with the State Dept. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from Maria, 1902, ta 1968, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an_ causes stated abave, (4) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed v DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Fruitland, Maryland NAME (Type) Dr. Robert T. Adkins 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL CREMATION REMOVAL (Specify) Salisbury, Wicomico, Maryland Wicomico Memorial Park 4-9-1968 250. REC'D BY REGISTRAR

Salisbury, Maryland

24. FUNERAL DIRECTOR

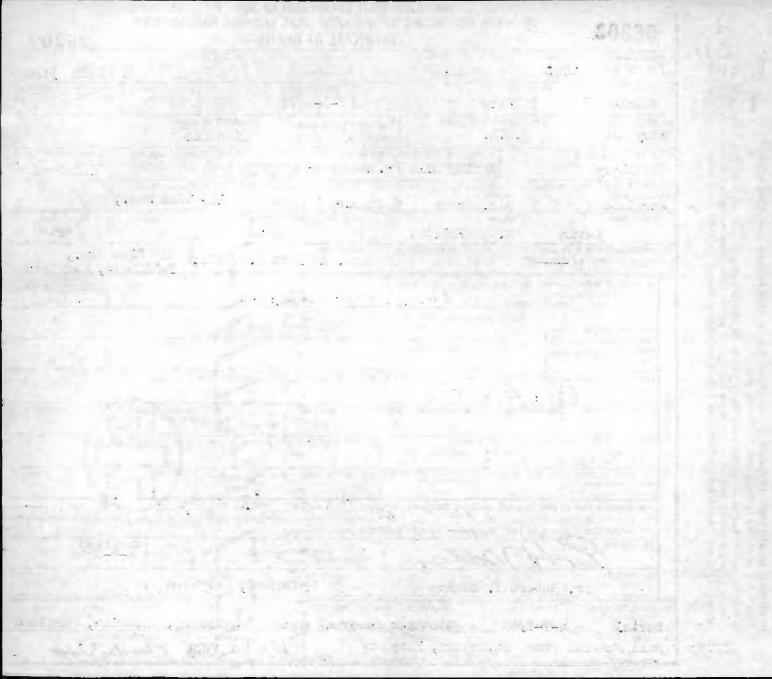
Hill Funeral Home

Ylorman 1, Baker

VR A15 (4) ~ 30M REV, 1/68

2Sb. REGISTRAR'S SIGNATURE

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X	tem 6 Film G39 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO	
)	06305 CERTIFICATE OF DEATH	06311
(Ty	pe or print) Homer BROWN Bailey	DATE OF DEATH Manth Doy Yegr 443
3. SEX	make white april 10, 1893	6. AGE (In years IF UNDER 14 FEAR IF UNDER 24 FAS. last birthday) MONTHS OAYS HOURS MAN YRS.
caunt	Dilawase U.S. WIDOWED DIVORCED	DUNTY OF DEATH Wicomico
)	Salisbury Feninsula General Hospitar	CUPATION (Kind of work done f warking life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY
13o. Li odmiss	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. UNIOE CITY LIMITS? Sision) STATE Med 13b. COUNTY Williams Velmas YES NO 2	13e, STREET AND NUMBER J
14. FA	ATHER'S NAME First Middle Barley IS. MOTHER'S MAIDEN NAME First	Middle Hattern
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 29-03-2191 Lellam M. Ba	des R&I Delmor, Mel.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corollar Death	APPROXIMATE INTERVAL BETWEEN OMSET AND CRATH 3
	DUE TO, OR AS A CONSEQUENCE OF	
	rise to immediate cause (o), starting the underlying couse last. (c)	OL .
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(o)
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nat Green of the other nat Green of the other nat Green of the other national process of the other na	ure of injury in Part 1 ar Port 2, Item 18.)
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Not while of work	City or Town County State
	220. I certify that (1) (this haspital) attended the deceased from 2 - 24, 19 40	to, 19 6, that([]) (we) lo death accurred on the date and hour and from the
11	22b. SIGNATURE COCOL DEGREE ATTENDING DIRECT DEGREE PHYS. DEGREE PHYS.	OR STAFF 22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS	
C	REMOVAL (Specify 4/4/68 Melson Com-	d. LOCATION (City or Town) (County) (State)
68 24. 4	FINERAL DIRECTOR Morvel Polymer Date APR	GISTRAR 2Sb. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

276		ECEASED-NAME First	Middle		lost	2o. DATE OF DEATH	2b. HOUR
dear		Type or print) WOHN	BAYMONT	, 6	AKER	APRI Month	33 Yeor 8 9 M
-	3. 5	EX //	4. RACE	S.	DATE OF BIRTH	6. AGE (In years	
Pages Irs after		WINITEI - MA	White	_	TULY 23,1	1898 lost hirthdoy)	YRS. MONTHS DAYS HOURS MIN.
9	70.	BIRTHPLACE (Stote or foreign		8. MADDIED		COUNTY OF DEATH	
2 S.S.	COL	DELACUARE	USA	WIDOWED 1	DIVORCED		Wicomico Md.
filled in papers. hin 72 Kg	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	TITUTION (If not in	n hospitol 120. USUAL	OCCUPATION (Kind of work d	Anne 126 KIND OF BHSINESS OF
- / /		Salisbury	Peningula (Genera	l Hospitai	of working life, even if retire	ed.) INDUSTRY
remave carban rany event, wit			ed lived, if institution: Residence before	13c. CITY OR TO	WN 13d, INSIDE CITY LIMI	139. STREET AND NUMBE	R
eve 46	ada	DELAWARE	SUSSEX V	DAGSE	BORO YES NO		
and comple remave cal in any event	14.	FATHER'S NAME First	Middle Lost	15. M	OTHER'S MAIDEN NAME Fire	t 3 Midd	lle Lost
U .=		JOHN	H. BAKE	72	LAUINIA	W. BAK	OR.
physician ien please aval, and i	160	. WAS DECEASED EVER IN U.S. ARN Yes, no prunknown) (If yes give w	an an distance of assessed	1 1 /	DRMANT	Addys	255
signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,	L	es, ileast dikilowiti	221-12-4	390 H	ILDA 2.	DAKER, &	MBGBORO
attending phy permit. Then ian, ar remaval		18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir ii.		PART I. DEATH WAS CAUSED	ATE CAUSE (0) BUPTUP	ED A	BDOMINA	L ANFURYS	Sm 12 HAS
attendi permit. ian, ar r	1	441,2	DUE TO, OR AS A CONSEQUENCE OF				
by the transit p		Conditions, if ony, which gove	fb)				
ren		rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
signed by the burial-transit burial, crema		lost.	(c)				
signed burial-t burial,	П	PART 2. OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO TH	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART I(o)	
the to	8	451X					
certificate has been the far use as the ot. of Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	REORMED	20o. AUTOPSY?	206. IF YES, WERE FIND!! CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING
# 2 Per	RTIF	4/22/68	4 BOVE		YES NO I		
for Hea		210/ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		21c. HOW	INJURY OCCURRED (Enter I	noture of injury in Port 1 or Po	rf 2, Item 18.)
	MEDICAL	(If either, notify medical examin	ner) P.M. 19				
this certi detached e Dept. a	>	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	IDRY.) 21f. LOCA	TION Street or R.F.D. No.	City or Town	County Stote
det det te D		of work at work	· 1 · • D · • 4 (a)	11 //	193- 101	P to 4/12	10/2
Afte be Sta	П	22a. I certify that (1) (##	is hospital) attended the decease live an 4/22	d from 7	122 , 196 a		., 19 <u>64</u> , that (I) (we) last ne date and haur and fram the
the the		causes stated above	e, (I) (we) (did) (did not) view the b	ady after dec	ith.	an acam accorde an in	to date and national and main into
P & E		22b. SIGNATURE		M.P.	ATTENDING MEI	D. STAFF	22c. DATE SIGNED
ed v		Jehn m	Bloken III	DEGREE	ATTENDING L. A MU	ECTOR PHYS.	4/24/68
P E E		22d. PHYSICIAN'S NAME (Type)	100		22e. ADDRESS	1	21301
d b	,	NAME (Type) JOH	NM. BLOXOM		SALISE	EUDY, MA	BYLAND 21801
TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.	230	BURIAL, CREMATION, 23b.	1. 37 1 M	EMETERY OR CR	/ 7	23d. LOCATION (City or Town)	(County) (Stote)
0 0 N		PEMOVAL (Specify)		LSBOR		MILLSBERG	JUSSEV, DE.
VR A15 (4)	24.	FUNERAL DIRECTOR	Mala 7-ADDRESS	, O. K	250. REC'D BY	Y 7 1968 REGIST	PARS SIGNATURE Judge

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00303 00313 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR. Middle DECEASED-NAME First the law requires that the death certificate be executed within 24 hours after death. EVA (Type or print) BEAUCHAME IF UNDER 24 HRS IF UNDER I YEAR 4. RACE 6. AGE (In years lost birthday) OAYS HOURS WHITE MAY J-9 COUNTY OF DEATH the ottending physicion and completely filled in by sit permit. Then please remove carban popers. P. nit. Then please remove carban popers. Por removal, and in ony event, within 72 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED Wicomico country) 4.3.A DIVORCED WIDOWED IT MARYLAND 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Hospitality andst of warking life, even if refired) INDUSTRY General Salisbury RETIRED 13d. INSIDE CITY_LIMLTS? 13e. STREET AND NUMBER 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN YES P 13b. COUNTY MAIN 15. MOTHER S MAIDEN NAME First 14 FATHER S NAME Last Middle JONES NETTIE PARKS 17 INFORMANT 16g. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no. or unknown) (If yes give war or dates of service) EYA B ANDERSON TSLAND 4NKNOWN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CINOMATOSES buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if only, which gove) ADENOCABCINOMA BT COLON burial-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DAJE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? UBSTAUCTION NO J USe 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ō HOUR A.M. Month Day OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) detached (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. State City or Town County 21d. INJURY OCCURRED 21e PLACE OF INJURY While Not while 22a. I certify that (1) (this hospital) attended the deceased from 9/10 _1967, and that in (my) (our) apinian death occurred an the date and haur and fram the saw the deceased alive andirector, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE, SIGNED ATTENDING DEGREE DIRECTOR PHYS 222 PHY SICIAN S BLOXO 23d LOCATION (City or Town) (Stote) 23r. NAME OF CEMETERY DR-CREMATORY (County) 23a. BURIAL, CREMATION, ROCK CREEK CEMBTERY CHANCE REMOVAL (Specify) Som MA 256 REGISTRAR & SIGNATU 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Lever Webster Orinares a



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIF	CATE OF	DEATH				3
	ECEASED-NAME First		Middle	1	Lost	2	to. DATE OF DEATH			2b. HOUR
	Type or print) LAUR	e A		Ben	INET	7-	APRIL. Month	1 al	Yeor 68	11-P. M
3. SI		4. RACE	*		S. DATE OF B	IRTH	6 AGE (In		JNDER YEAR	IF UNDER 24 HRS
	Female.	WA	tire.		Octobe	er 15,188		YRS.	THS DAYS	HOURS MIN.
	BIRTHPLACE (State or foreign	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D 🔼 NEVER MAI		OUNTY OF DEATH			
COB	Maryland Maryland	USA_		WIDOWE		KCED	Wicomico			Md.
10. (Salisbury	11 NA	ME OF HOSPITAL OR IN	Gene	not in hospitol eral Ho		CCUPATION (Kind of wo of working life, even if Housewite		I26 KIND OF B INDUSTRY TO DE	
odm	USUAL RESIDENCE (Where deceorsission) SYATE MARY LAND.	sed lived, if instituti 13b. COUNTY	comico		or town sbury	YES NO	Route #		Luke	Road
14.	FATHER'S NAME First	Middle	Lost		1s. MOTHER'S M	AIDEN NAME First		Middle		lost
	George		Dens			Mary				tler
160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war ar dates of service)	16b. SOCIAL SECURITY	NO 17	iss Hel	Daughter en Webb,) Baltimore,	Address 816 Maryl		Ave.
	18. CAUSE OF DEATH (Enter or	IV one rouse per lin	e for (o) (b) and (c)						APPROX M	IATE INTERVAL ISET AND DEATH
	PART 1. DEATH WAS CAUSE	D BY:	Corn		Th	con bose			101	
	ILIA a IMMEDI	ATE CAUSE (o)	S A CONSEQUENCE OF	1						
	Conditions, if ony, which gove	,	S A CONSEQUENCE OF	1	Lated.	a Alexa	adono		49	V)
	rise to immediate couse (o),		S A CONSEQUENCE OF	un.	7				1	
	stating the underlying couse lost	(c)	o il condeguine or							
L	PART 2. OTHER SIGNIFICANT CO		TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR COND	OITION GIVEN IN PART 1(0)	1	
_	1.0 1						· ·			
CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHI	ICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	206 1F YES, WERE F	INDINGS CONS	DERED IN CEI	RTIFYING
18					YES	NO 🗍	CAUSES OF DEATH?			
	21o. ACCIDENT WAS UNDERLYI	NG 216 TIME OF	INJURY	21c	HOW INJURY OC	EURRED (Enter no	ture of injury in Port 1 c	or Port 2, Item	18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Month Doy Yeor			•				
WED	21d INJURY OCCURRED 21a		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY, 1 21f	LOCATION Stre	et or R.F.D. No.	City or Town	(ounty	Stote
П	While Not while of work	,	L OFFICE BUILDING, ETC.	- 1						
	22a. I certify that (I) (th	nis hospital) atte	ended the deceas	ed from_	,	19 (00	10 /open	17.196	that	(I)-(we)-lost
	saw the deceased o	alive an	pra /	19 <u>6 /</u> , c	ind that in (m	ry) (our) o pinia	in death accurred o	n the dote	ond haur a	ind from the
1	causes stated abov	e, (+) (we) (did)	(did not) view the	body offe	r death.					
ı	22b SIGNAPURE	Tretz	Vais	DI	GREE PHYS	NG MED DIREC	TOR STAFF C	22c. DATI	4.4	e68
	22d, PHYSICIAN'S				22e. ADI					
	NAME(Type) Dr. R	obert T.	Adkins		Fr	uitland,	Maryland			
230.		DATE	23c. NAME OF	CEMETERY (OR CREMATORY	2	3d. LOCATION (City or To	own) (i	County)	(Stote)
	REMOVAL (Specify) Burial Apr	il 18,190	38 Olivet		etery					Co.,Md.
24.	FUNERAL DIRECTOR		ADDRESS			2So. REC'D BY R		GISTRAR'S SIG		240
	HOLLOWAY & C	OMPANY,	SALISBURY,	, MAR	/LAND	DATE APR	19 1968	yellow	les Ju	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours VR A15 (4) 30M REV, 1/68

FE MOSPITAL OR ATTENDING PHYSICIAN: The low remaines that the Leath certificate be executed within 21 haurs after death

Page 4 may be retained by the hospital or attending physician.

HOLLOWAY & COMPANY, SALISBURY,



HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		<u>2</u>		ČI	ERTIFI	CATE OF	DEATH						m'g.
	ECEASED NAME	First		Middle		Lost		20 DATE OF	DEATH	0-	V	-	HOUR
1	ype or pnnt)	WILL	.IAM	HENRY	В	ENNETT		Ар	ri	18°9	196	8	A
3. 51	X		4. RACE			5. DATE OF E	BIRTH		6. AGE (In year		UNDER I YEAR		
	Male		Wh	ite		July 4	, 1877		lost birthdoy)	YRS.	NTHS DAY	S HOURS	Milk
70	BIRTHPLACE (State	or foreign 7	b. Citizen of Wi	HAT COUNTRY?	3. MARRIED	☐ NEVER MA	RRIED 9	COUNTY OF	DEATH				
COUL	"' ⁷⁷ Maryla	nd	U 9 A		WIDOWED		RCED 🗌	WICOM	ICO				Мо
10. (ITY OR TOWN OF I			AME OF HOSPITAL OR INST	TUTION (If	not in hospitol	120 USUAL	OCCUPATION	(Kind of work	done	125 KIND C	OF BUSINES	S OR
	Salisb		i Spi	street oddress) r i ngh i 11 Sa	nita	rium	Engine mos	eer &	life, even if reti Boiler	Maker	r Ra	ilro	ad
130.	USUAL RESIDENCE	(Where deceosed	lived, if instituti	on: Residence before	3c CITY O	r town	136 INSIDE CITY DMI	13e \$T	REET AND NUMB	ER			
oam	ission) STATE Ma	ryland	13P COUNTYM	icomico	Sali	sbury	YES X NO	_ #9	9 Sylvi	a Str	reet		
14.	FATHER S NAME	First	Middle	Lost	1	S. MOTHER'S A	AIDEN NAME Firs		Med	ldle		Lost	
	F	ranklin	Pierce				Josep				Lop	pes	
160	WAS DECEASED EV	ER IN U.S. ARMEI) FORCES?	16b. SOCIAL SECURITY NO), 17	INFORMANT (Daughte	r)	Addı	ressR . D	#6,	Calh	oun
	Yes.	\$panis	h Americ	can 215-14-					loway,	Salis	bury	, Md	AVE
				ne for (a), (b) and (c),			_		. 1		APPRO BETWEE	OXIMATE INTER N ONSET AND	VAL DEATH
	PART I. DEAT	H WAS CAUSED I	BY. E CAUSE (o)	Varace	170	scu	lan r	mas	dese	ano			
	* .		1 /	AS A CONSEQUENCE OF									
	Conditions, if any		(b)										
	rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF												
	lost.)	(c)										
		GNIFICANT COND	TIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED T	O THE TERMIN	AL DISEASE OR COI	NDITION GEVEN	I IN PART 1(o)				
N	4 x x x												
CERTIFICATION	190. DATE OF OPER	ATION 195 CO	INDITION FOR WH	ICH OPERATION WAS PERF	ORMED	20a. AUT		CALICES	YES, WERE FIND OF DEATH?	INGS CONS	IDERED IN	CERTIFYIN	G
RTIFI						YES [
	21o. ACCIDENT W		21b TIME OF HOUR A.M.		21c F	IOW INJURY O	CURRED (Enter n	noture of injui	y in Port 1 or P	ort 2, Item	18.)		
MEDICAL	(If either, notify i	medical examine	r) P.M.	19									
×	21d. INJURY OCCU	JRRED 21e Pl	ACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f L	OCATION Stre	et or R.F.D. No.	City	or Town	C	ounty		stote
	While Not wo	rk —											
	220. I certify	that (I) (this	hospitol) atte	ended the deceased	from	<u> </u>	2, 196	'Z, la	4-18	, 19 <u>.</u>	L, the	at (I) (w	re) las
	saw the	deceased ally	(I) (we) (did)	did nat) view the b	<u> </u>	ia that in (n death	ny) (our) opini	ian death d	ccurred on t	he date	and hau	ir and tr	om the
	22b. SIGNATURE	4.04 4.070,	11 (10) (0)	Colo har y view into ex	207 01101						E SIGNED		
	-17	001	7 Lew	Pul	DEG	REE PHYS		D. ECTOR	STAFF PHYS.	Apri	119	/19	68
	22d. PHYSICIAN'S	The same of the				22e. AD	DRESS				17		
	NAME (Type)	₽r. Ph	ilip A.	Insley		1.1	E. Mai	n Stre	et, Sa	1isbu	ry, l	Mary1	and
23 o	BURIAL, CREMATIC		TE	23c NAME OF CE	METERY OF	CREMATORY		23d LOCATIO	N (City or Town) (County)	(Stot	9)
	BEWONAL (Specify)	Apri	1 20,19	68 Parsons	Cem	etery		Salisb	ury, Wic	omic	o, Mar	y lan	d
24.	FUNERAL DIRECTOR		ANIV CA	ADDRESS	DVIA	VID.	2So. REC'D	PG. STRAIS	1958 REGIS	SIG	NATURE	Quede	2.

DATE

TO NUMERAL DIRECTOR: After this certificate lias been signed by the attending physician and campletely filled in six director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Perbuild be filed with the State Dept. of Health priar to burial, cremation, arremoval, and in any event, within 72 haug VR A15 (4) 30M REV 1/68

eath.

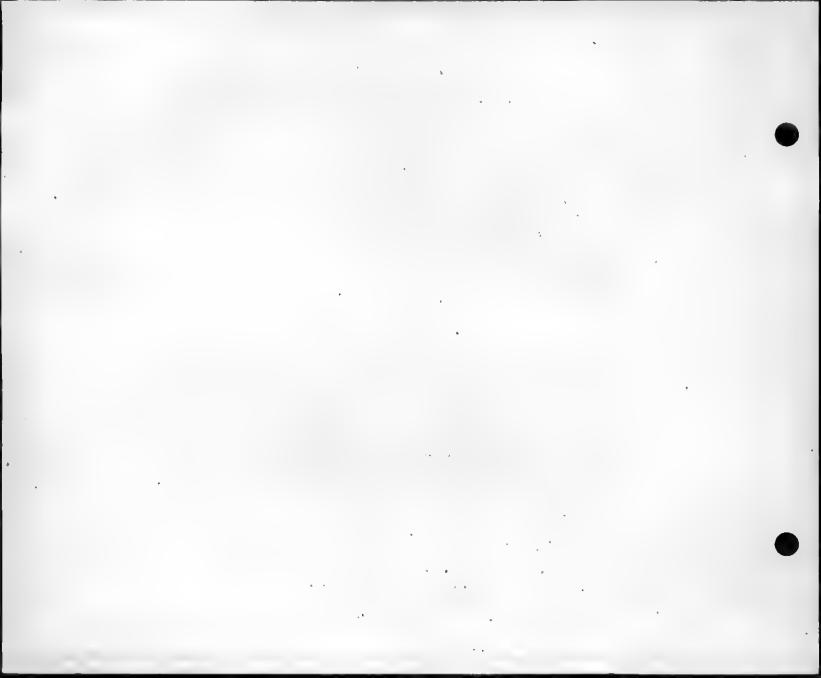
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

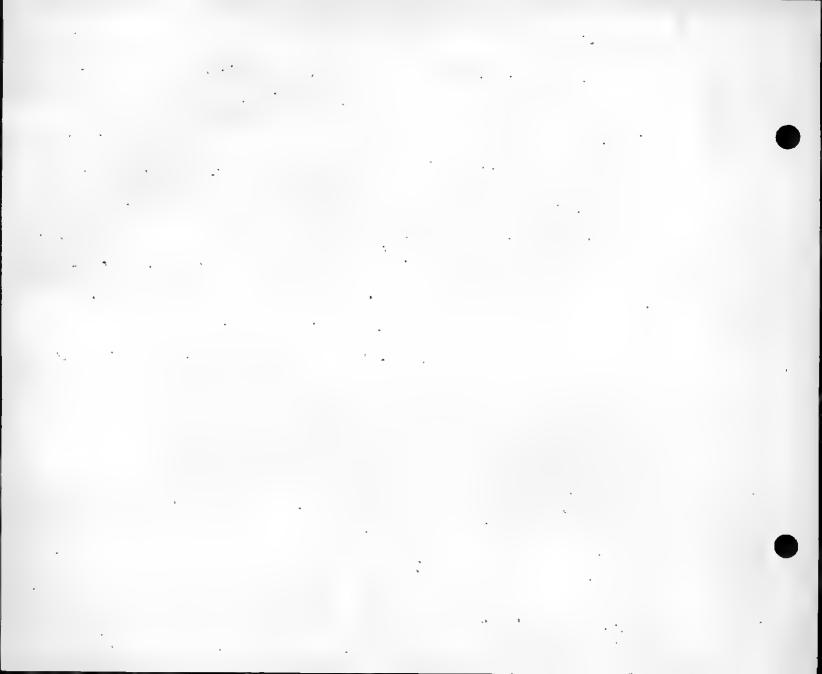
Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED NAME Middie 2a DATE KNOWN Month Day Last (Type or Print) BETHARDS FRED E. DEATH MATED 14-20-68 6 AGE (In years IF UNDER 24 HRS 2r DATE PRONOUNCED DEAD 3. SEX 4. RACE S DATE OF BIRTH puo W 3-16-94 M 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm Wicomico WIDOWED | DIVORCED | in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Salisbury General 136 INSIDE CITY LIMITS? 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Wicomico 526H Alabama Ave. admission) STATE Md. Salisbury YESTA NO T and 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DETHARDS bages 16b. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) 136-05-0978 MRS, F. H. BETHARDS 526 ALA, AVE. File 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) burial-transit permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Pulmonary insufficiency days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Cand trans, if any, which gave) Crushed chest 11 days nse to immediate cause (a), This certificate should necessary, please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? 4-10-68 WAS PERFORMED? Tracheotomy NO X 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g EXTERNAL PALSE WAS 21b T ME OF IN-JRY Month, Day, Year PRIMARY FOR CONTR BUTING F Driver of auto colliding with another CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) WHITE NOT WHITE Quantico Road, Salisbury, Wicomico, Md road Inspection [X] Inquity [X], and in my apinian the funeral director death resulted from Natural causes , Accident X. Spicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY RoyerV April 22, 1968 DEPUTY MEDICAL EXAMINER NAME (Type) 109 Camden Ave. Salisbury, Md address (Street, city, town, or county) 50 23c, NAME OF CEMETERY OR CREMATORY 23b 23d LOCAT ON (City or Town) (County) (State) ST. PAULSCHURCH, ARD Z 3 24 EUNERAL DIRECTOR 256! REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE Home, Berlin, Md. Burbage Funeral

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle DECEASED-NAME _ Ferst requires that the death certificate be executed within 24 haurs after death Month (Type or print) IF JNDER 24 HRS IF UNDER 1 YEAR 6 AGE (In years 3 SEX MONTHS ! **COUNTY OF DEATH** 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? ban papers within 72 ho physician and campletely filled in DIVORCED WIDOWED Wicomico 120. USUAL OCCUPATION (Kind of work done 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY q ve street oddress) please remave carban Salisbury Peninsula, Peninsula/General 13c CITY OR TOWN 13e STREET AND NUMBER 136. ORSIDE CITY LIM IS? IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) TARSONS BU signed by the attending phy burial-transit permit. Then The Cause of DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: COVERNEUM IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Page 4 may be retained by the haspital ar attending physician. PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 TO FUNERAL DIRECTOR: After this certificate has been the directar, page 3 should be detached far use as the Shauld be filed with the State Dept. af Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES . NO -21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY 百 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. Stote City or Town County 21d INJURY OCCURRED 21e PLACE OF INJURY While Not while at work at work 22a. I certify that (1) (this haspital) attended the deceased from 1966, ond that in (my) (our) opinion death occurred an the date and have and from the 1966, to circus, 1960, that (1) (we) last causes stoted above, ((we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (City or Town) (Store) NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION 23b DATE DALESTONN 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Uchanles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	60510		C	ERTIFICA 1	E OF DEAT	H				#
T	DECEASED NAME First		Middle		Last	20. [DATE OF DEATH			b HOUR
П	(Type or print) Den lan	id FRA	ANKLIN	Brit	tiveban	2	A or Month	Day	1968	1 P. M
3.	SEX	4 RACE	1: 1-	S.	DATE OF BIRTH		6. AGE (in y			DER 24 HRS
	Male	W	bite	A	uqust 18,	1905	last birthdo	YRS MONTHS	DAYS HOU	IRS MAN
70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHA	T COUNTRY?		NEVER MARRIED	9 COU	NTY OF DEATH			
CO	Maryland	USA		WIDOWED 🗂	DIVORCED [W:	icomico			Md.
10.	CITY OR TOWN OF DEATH		NE OF HOSPITAL OR INST	ITUTION (If nat in	haspital 120	USUAL OCCU	PATION (Kind of wor	k done 125	KIND OF BUSIN	IESS OR
П	Salisbury	Pei	ninsula	Genera	l Hospt	fix10, m	orking life, even if re Retired Ma	anager T	e kear a	ph Co
13	a. USUAL RESIDENCE (Where deceas	ed lived, if institution	n. Residence before	13c CITY OR TO	WN 13d. INSIDE I	CITY LIMITS?	13e STREET AND NUM	VIBER		
00	mission) STATE Maryland	136. COUNTY V	/icomico	Salis	oury YESK	ИО [_]	912 Rive	erside [)rive	
14	FATHER'S NAME First	Middle	Last	15. M	OTHER'S MAIDEN NAM	ME First	N	A'ddle	lo	st
L	John	W	Brittir	gham	N	ettie				sher
16	WAS DECEASED EVER IN U.S. ARA Yes, ng, ar unknawn) (if yes give w	or or doter of veneral	16b SOCIAL SECURITY N	O. 17 INFO	RMANT (Wife)		Ac	炉2 Rive	erside	Dr.
	No		214-07-704	3 Mrs.	Delta G.	Brit	tingham,	<u>salisbur</u>	y, Mar	y lanc
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED		for (a), (b), and (c).)	1 1	1 - 11	7	10.	_	BETWEEN ONSET A	ND DEATH
		ATE CAUSE (a)	Leins	claral	ca Hea	w J	deser	ec		
н	4/3		A CONSEQUENCE OF							
П	Canditians, if any, which gave tise to immediate cause (a),	(D)								
	stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF							
н	PART 2 OTHER SIBNIFICANT CONDITIONS CONTRIBUTING TO DEATER BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
П	PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTI	NG 10 BEATER BUT NO	T RELATED TO TH	E TERMINAL DISEASE	ORCONDITIO	IN GIVEN IN PART I(a	}		
2	10 - DAYE OF OPPARION LIST	CONDITION COD VILLE	U ODERATION WAS DED		no- Alitonova		20b IF YES, WERE FIL	MDINGS CONSIDER	OFF IN CERTIFY	UNC
CEOTIEICATION	19d. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PER	FURMED	20a. AUTOPSY?		CAUSES OF DEATH?	IDINOS CONSIDER	ED IN CEKTIFF	ING
I D	21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF	MILIDY	air nom		Taxas and use	af injury in Part 1 ai	Dart 3 Itam 19	`	
- 4		HOUR A.M.	Month Day Year	ZIC NOW	INJURI OCCURRED (enter nature	as injusy in ract 1 at	run 2, nem 16.	Ą	
MENICAL	Ilf either, natify medical exami	ner) P.M.	19 AT HOME FARM STREET FACT	DRY 1 DIE LOCAT	ION Street or BED	No	City or Town	Caun	. the	State
	THE THE PERSON	PORCE OF HOUSE	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ZII LOCKI	- Sireer or K.F.D	. IVO.	City ut Tuwii	CO(1)	1	Jiuig
н	at work at work	is hasnital) after	and the decease	d from	~1/PI	9 68	to les all	9 1968	that (I)	(we) last
н	22a. I certify that (1) (the saw the deceased a	live an	191	6K, 1/10 11	at in (my) faur)	apinian d	leath occurred of	the date and	d haur and	fram the
н	causes stated above	(d) (we) (old) (did nat) view the b	ady affer dea	th.					
	22b SIGNATURE	1.1			ATTENDING 1773	MED DIRECTOR	STAFF -	22c. DATE SIG		40
1	your a	/ clin	core	DEGREE	PHYS CO	DIRECTOR	PHYS. L	J April	20, 1	968
Т	22d. PHYSICIAN S NAME (Type)				22e. ADDRESS	Cent	er, Salist	aury Ma	rvland	1
-			23c, NAME OF C	EMETERY OF COL			LOCATION (City or To			tote)
23	BURIAL, CREMATION, 23b.								,,	
3	BULLAL MAPE	il 22,196	ADDRESS	s Cemet		D BY REGIS	alisbury,	WICOMIC DISTRAR'S SIGNAT		ylanc
1 "		APANY SAI	TCRIIDV	ADVI AND		- D - NEVID		OM /		1.0

DATE

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in be director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers, should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 had VR A15 (4) 30M REV, 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

Poge 4 may be retained by the hospital or ottending physician.

death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH 2b HQUR 1. DECEASED-NAME First 130 (Type or print) Month the attending physicion and completely filled in by the fusion sit permit. Then please remove carbon papers. Pages 1: nation, or removal, and in any event, within 72 hours after DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthogy) SHTHOM HOURS 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico requires that the death certificate be executed within 24 h NICOMICO WIDOWED DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Hospital mest of working life, even if refired.) Salisbury General 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Middle 15. MOTHER 5 MAIDEN NAME First Lost Lost AM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INEDRMANT Yes, no. or unknown) APPROXIMATE INTERVAL BETWEEN OWSET AND DEAD 18. CAUSE OF DEATH (Enter only one couse per thin for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE buriol-transit permit. cremation, DUE TO: OR Conditions, if any, which gove? nse to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse buriol, PART 2/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) I for use as the b of Health prior to b by the hospitol or attending O FUNERAL DIRECTOR: After this certificate has been 790. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [director, page 3 should be detached for use should be filed with the State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2]c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No 21e PLACE OF INJURY 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram .19 ____, and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive an_ Page 4 may be retained couses stated obove, (1) (we) (did) (did not) view the body after death. 224 SIGNATURE 22c DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S JAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) FRUITIA NO WILO REGISTRAR SIGNATURE 250 REC'D BY REG STRAR 30M REV





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5 CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH 2b. HOUR I. DECEASED-NAME First Manth 19 Day 6 Pyear (Type or print) 3:15P.N WASHINGTON RACE IF UNDER 1 YEAR IE JNOER 24 HRS 3. SEX 6. AGE (In years last birthday) MDHTH5 MALE CAUCASIAA 5-7-01 66 7a. 81RTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED 12a, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) WICOMICO NURSING Hondduring most of warking life, even if retired) INDUSTRY Retired- Attendant Hospital SALIS BURY, MD-Salishury 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Wicomico Hebron Church Street IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Lost Dryden Georgia Brumbley Rosa George 17 INFORMANT (Nephew) Address R.D.#2 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Ves. na, ar unknown) Mr. Orville J. Riggin, Snow Hill, Maryland 212-12-3549 War 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS Conditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS stating the underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HDME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at wark at work 22a I certify that (1) (this haspital) attended the deceased from 19 08, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive on... causes stoted above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23g. BUR AL, CREMATION. 23b DATE REMOVAL (Seedy) Worcester Co. . Md. 1968 Olivet Cemetery

VR A15 (4)

director, page 3 should should be filed with the

law requires that the death certificate be executed within 24 hours

burial-fransii permit. Then please remove corbon papers. Pr burial, cremation, or removal, and in ony event, within 72 hour

puo

signed by

Page 4 may be retained by the hospital or ottending physician.

FUNERAL DIRECTOR: After this certificate has been

be detoched for use os the State Dept. of Health prior to

ADDRESS
HOLLOWAY & COMPANY, SALISBURY, MARYLAND

250. REC'D BY REGISTRAR

REGISTRARS SIGNATURE



١		30817	DIAISION OF ALL			ATE OF		MUKE, MA	KTLAND 21201			163	7
		CEASED-NAME First YPH OF PRINTY LLOY	D W	Middle ASHINGTON	J	Last BURKE		2α. DATE O		Day Ye	or 1968		HOUR P
	S SE		4 RACE	hite		S. DATE OF B	28, 19	•	6. AGE (In years lost birthday)	F JNDER MONTHS	YEAR I	F UNCER HOURS	
	7o. B caun	BIRTHPLACE (State or foreign aftry) Maryland	75. CITIZEN OF WHAT USA		WIDOWED		RCED _		MICO				M
		Salisbury	Pen 1		neral	Hospit	a l ^{du} fark	ist of working	Kind of wark dan life, even if retired) Far	ND OF BU		OR
^ [dmi	USUAL RESIDENCE (Where deceas ssion) STATE Maryland	13b. COUNTY Wi	comico	Salis	bury	L-ar	□ R•	D.#3				
1		George	Middle	lost Burke			AIDEN NAME FI		Mrddle		TRU]	Lost	
	Y	WAS DECEASED EVER IN U.S. ARN es, na, ar unknawn) (If yes give w	IED FORCES?	b. SOCIAL SECURITY N	1	NFORMANT s. Min	(Wife) nie L.	Burke,	Address Salisbur	R.D.# y, Ma		nd	
		18 CAUSE OF DEATH (Enter on PART DEATH WAS CAUSE! HMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DBY. THE CAUSE (o) DUE TO, OR AS A DUE TO, GR AS A (i)	CONSEQUENCE OF	e /	ec- an Hylina o the Jermina	Paile lese Lling L DISEASE OR	ONDITION GIVE	Luca N IN PART 1(a)	BE	WEEN ONS	ET ANO C	IEATH)
,	CERTIFICAT ON	.90 DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTO			YES, WERE FINDINGS S OF DEATH?	S CONSIDERED) IN CER	TIFYING	3
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF OCAT (If either, not fy medical examination) and including the contribution of the contribut	HOUR A.M. N	Manth Day Year 19					ry in Port 1 ar Port	2, Item 18.) County			Stote
ı		of work of work	PLACE OF INJURY (AT			1		. /	or lowis				
		22a. I certify thot (I) (th saw the deceased a couses stated above	live on 5 / / A	168-19	, an	d /hot /n {m) (aur) api	, to_ <u>#</u> nion death ⁱ	occurred on the		that (haur ar		
		22b SIGNATURE	Carrie	Idea	1 DEGI	>- IIII2	او ليكز	ED IRECTOR	STAFF PHYS	te date sign	191	196	68
		22d. PHYSICIAN'S NAME (Type) Dr. C	arrie I. H	learn		22e. ADI 226	N. Divi	ision S	t., Salis	sbury,	Md.		

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban pagers. director, page

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

3 should be detached far use as the burial-transit permit. Then please remave carban par with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within

VR Å (6 (4) 30M REV, 1/68

230. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND

21,1968

23b DATE

April

Wango Cemetery
ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Wango 25a. RECOPPYREGETRER

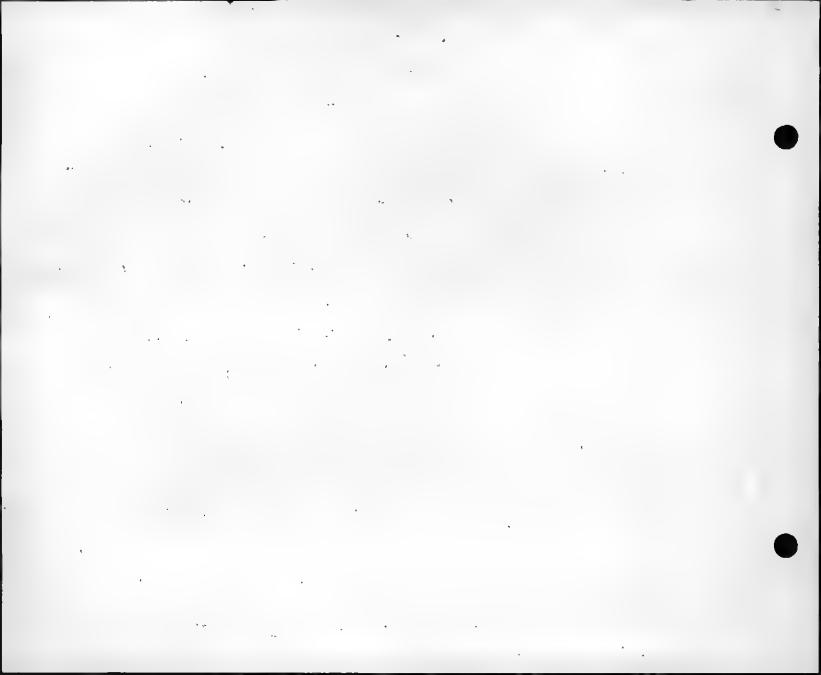
DATE

23d LOCATION (City or Town)

(Stote) (County)

Maryland

REGISTEAR'S SIGNAL BURE

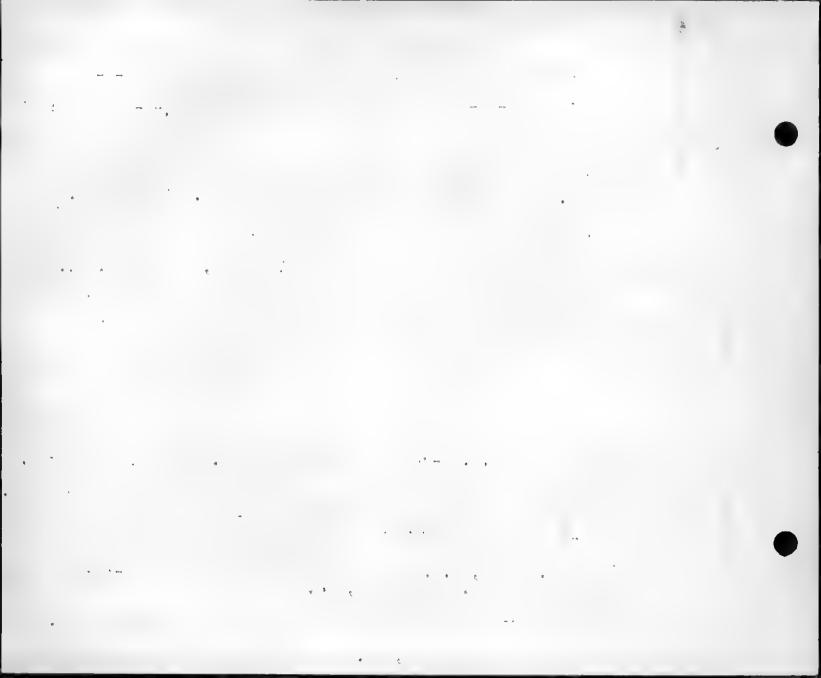


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				0.1218		CERTIFICATE OF D	EATH		.,	231
€ ,	手至.			CEASED-NAME East ype or print)	M.ddle	Last	2a. DATE OF	DEATHDay	Vann	26. HQUR
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of et	3 3		3. SE	X AA A.	4 RACE	S DATE OF BIRTH	- 1	6. AGE (in years last birthday)	HE JINDER 1 YEAR MONTHS OAYS	HOURS MIN
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Ť.	ely filled san pag within	9.	10 (Salisbury	give street address) Peninsula		during most of working	ife, even if retired.)	126. KIND OF B INDUSTRY	n9luE22 rk
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utec	ve co	-	adm	MARYLAND	136 COUNTY MICE		ES NOT R. F			
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ate	sician please I, and I			WAS DECEASED EVER IN U.S. ARMED				Address		
THE STATE OF	phys en p		Ľ	NO (11 CHICHOWIT)	217-02-9	369 Jecquel	ine Butler	mentic		
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eat	attendii permit. an, ar r			PART I DEATH WAS CAUSED B	CAUSE (a) Carcu	noma 8).	Dencrea	<u> </u>	311	with
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at to	by the atter ransit per cremation,			Canditions, if any, which gave rise to immediate cause (a),	(b) <u>C</u>	netastesis !	a lurer			
s th	-			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
ure	signed burial- burial,			_	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISFASE OR CONDITION GIVEN	IN PART I/o)		
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The	e has use o lith pi		CERT, FICATI	3/21/23/26 Ca	of panellas + Wor	A Sollier YES	NOV	OF DEATH?		
ž b	icate far us Healt	* `		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH	U 216 TIME OF INJURY HOUR A.M. Manth Day Year	21c HOW INJURY OCCUR	RED (Enter nature of injur	y in Port 1 or Part 2, I	tem 18.)	
E E	-		MEDICAL	(If either, natify medical examiner) P.M. ' 1	9				
PHYSICIAN e haspital c	this certi etached Dept. o		₩.	21d INJURY OCCURRED 21e. PL	ACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street a	r R.F.D. No City	ar Tawn	County	State
G F	r th det det			at wark at walk	Last Bart Late	ed from	3 19 to	6/68 19	AL Ex.	(1) ())
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Ineq.	Shaulc ith the			causes stated above, (I) (did/nat) view the	bady after death.	() -			
≥ A]	<u></u> ≥			22b SIGNATURE	Bu O	ATTENDING	☐ MED. ☐	STAFF - I	DATE SIGNED	3
10 s	AL DIRI page 3 e filed			22d. PHYSICIAN'S	· 1 DEOX Key	DEGREE PHYS	MED. DIRECTOR	PHYS 1	4/7/6)	<u> </u>
TA DE	RAI po be f	1		NAME (Type) R. L.+	M. BEAZLEY	22e. ADDRES	UNSULA GO	EN'L HOS	0 -	
O HOSPITAL OR Page 4 may be r	o FUNERAL director, pa shauld be fi	2	23 c	BJRIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY		N (City or Town)	(Caunty)	(State)
O HO	dire	1.	200	REMOVAL (Specify) Burial 4/1	4	lalvery	Keltin	, ,	,	Md.
-	► VR A15 (1	24.	FUNERAL DIRECTOR	ADDRESS		o. REC'D BY REGISTRAR	2Sb REGISTRAR'S	SIGNATURE	13701
	30M REV	68	11	- to	to a	1. a Challe	APR 16	19RR INCL	carelan la	ad the



	1	DEMES (2) DIVISION OF VITAL RECORD	AND STATE DEPARTMEN	T OF HEALTH	IAND 21201	
FOR STATE	-	Film G399 4/18/88 MEDICAL	EXAMINER'S CERTIFIC	ATE OF DEATH	DATE BILLY	1325
HEALTH DERT.		CEASED NAME First	Middle	lost	2a, DATE KNOWN SP Month	Dov Yeor 2 HOUR
S 2 2 2 3 7		pe ar Print) Donald I	ee Christon	hon	OF ESTI-	2-68 19 M
5m 2 15	3 !		6. AGE (In years IF UNDER fast birthday) MONTHS	1 YEAR IE UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	2d. HOUR
		M C 12-27-5		DAYS HOURS MIN	Month Doy 68	Year 19 3: 30PM
2, 2, P.		RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COU	NTRY? 8 MARRIED NI	VER MARRIED X 9. CO	UNITY OF DEATH	
form form te D	Mi เอบ	omico Co. Md. USA	WIDOWED	DIVORCED 🗀	Wicomio	Md Md
ofter demth a. 8. Give Pages 1, 2 along with form with the State Depute.	10.	TY OR TOWN OF DEATH II. NAME OF	HOSPITAL OR INSTITUTION (If not in	hospital 12a, USUAL O	CCUPATION (Kind of work dane if working life, even if retired.)	2b. KIND OF BUSINESS OR
Give Give ong w		Cour	tw Dumm	I SEL	ident	None
s often 18. Gin olong with death.		JSUAL RESIDENCE (Wifere deceased lived, if institution: R mission) STATE Md 13b. COUNTWIC	es dence before 13c cit of lown mico Fruitlan		13e. STREET AND NUMBER S. Division	st.
I hours Item 18 Office I ond 2	14	THER'S NAME First Middle		R'S MAIDEN NAME First	Middle	Lost
Thours Item Office	1.4				Minnie	(03)
hin 24 nicil in niner's pages hours			DCIAL SECURITY NO 17. INFORMA	rene Hutt	ADDRESS	
wathin pencil kamine ile paga	(S, no, or unknown) [If yes give war or dates of service)	Trene	Christoph	er. Fruitland	. Md
be exmouted wit "pending" in penief Medical Exanonsit permit File event within 72		18 CAUSE OF DEATH (Enter only one couse per line for				APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
be exacuted "pending" in nief Medical E nnsit permit F event w.thin		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) AST				Sudden
exe endi		DUE TO, OR AS A				
be be considered by the first		Conditions, if any, which gove rise to immediate couse (a). (b) Dro	wning			Sudden
■hould be e ne word "per o the Chief I buriot-tronsit in ony even		stating the underlying couse lost.	CONSEQUENCE OF			
he w to th burid		(c)				
is certificate should be exsecuted within 28 hours after desith to, writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office along with form in used as a buriol-tronsit permit. File pages land 2 with the State Determool, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(e)	
certifi orward used a mavol,	NOIL		ONDITION FOR WHICH OPERATION			20 AUTOPSY?
e us	CERTIFICATION	V	VAS PERFORMED?			YES NO 12
1 2 3 4 7		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY	Month, Doy, Yeor 21c. HOW IN	JURY OCCURRED (Enter note	ure of injury in Port 1 or Port 2, Iter	
INER: The certification of the	8	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH	1-9-88 Fell	into 12 f	t. hole full	of water.
= e ~ + ~ 0	WED	21d INJURY OCCURRED 21e. PLACE OF INJURY (At from	e, form, street, 21f. LOCATION	Street or R F.D. No.	City or Tawn	County - State
EXA ecute Poge or yau R: Page		AT WORK AT WORK DE County Dum)		Salishury V	
		22a I certify that I took charge of the ren			spection X Inquiry	$\underline{\zeta}$ and in my opinion
please ex director etained birector or etained or or to bur		death resulted from: Notural causes	, Accident X Suicide		, Undetermined monner (
JTY please erol directibe retaine RAL DIREC		ACTUAL S		CHIEF MEDICAL EXAMIN		CNED
RAI PF		SIGNATURE	M	ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM		L0=68
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necessor the function of the f	230	BURIA CREMATION 23b DATE	23c NAME OF CEMETERY OR CREMA		. LOCATION (City or Town) ((Stote)
0.		REMOVA. (Specify)	Flower Hill C	emetery F	den Somerset	Md
A. A.	24.	UNERAL DIRECTOR	ADDRESS	2Sa. RECD BY RE	G STRAR 2Sb REG STRAR S SI	GNATURE Judge
VR A15ME (5) 10M REV 1/68	W	st Funeral Home Sali	shung Md	DATE APR	1 5 1988 , 000	- Day

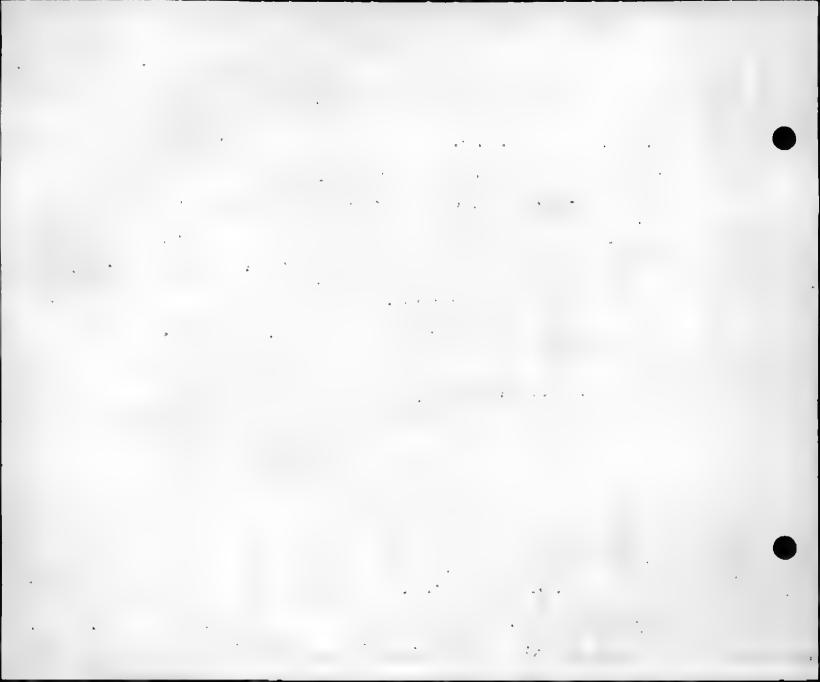


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301.W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH DECEASED NAME First 2b HOUR law requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the famesal, isit permit. Then please remave carban papers. Pagés 1 and (Type or pont) Edulard 6 AGE (In years IF UNDER I YEAR lost_birthdoy) MONTHS July 2, 1890 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico Pennsylvania WIDOWED K DIVORCED [USA 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR General Hos the model of working its, even if retired | IND INDUSTRY Salisbury Rua 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Salisbury Maryland Wicomico Park Drive IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Clara 17 INFORMANT (Daughter) Address 504 S. Park 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) 166-07-7103 burial, crematian, ar remaval, Mrs. Marquerite C. Tibbitt, Salisbury, Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (s).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH burial-transit permit. Conditions, if any, which gove) rise to immediate couse (a), stoting the underlying couse (1125 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta O FUNERAL DIRECTOR: After this certificate has been TADE 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R F D No. 21d INJURY OCCURRED City or Town Stote County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 1968, ta 1968, ta 1968, that (1) (we) last saw the deceased alive an 199, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Pine Bluff Road, Salisbury, Maryland J. T. Bülkeley 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 230 BUR AL CREMATION. April 20,1968 St. James Church Cemetery Philadelphia REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 [4] HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH A DE . First DECEASED NAME Middle The law requires that the death certificate be executed within 24 haurs after death (Type ar print) Heber Coward 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS lost birthday) colored 3/23/14 Male 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH signed by the attending physician and campletely filled in by burial-transit permit. Then please remave carban papers 8. MARRIED T NEVER MARRIED N. Carolina WIDOWED [7] U. S. A. DIVORCED I Wicomico 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR Deer's Head State Hospital

Tutton, Residence before 112 (1992) give street oddress) INDUSTRY Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LINUTS? 13e. STREET AND NUMBER 13b COUNTY Wicomico NO 154 Marvland Mardela and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMA Yes, no, or unknown) (If yes give war or dates of service) ar removal, 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral vascular accident, left 3 days DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Arterioselerotic cardiovascular disease Tears rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the prior tal Cerebral vasenlar accident - 6 months ag O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 📉 NO 🛖 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 3/5, 19.68, ta 1/20, 19.68, that (1) (we) last saw the deceased alive on 1/20, 19.68, and that in (my) (aur) apinian death accurred an the date and haur and from the . 19.68 , ta 1/20 __, 19_68_, that (1) (we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING directar, page 3 shauld be filed v L/22/68 DEGREE PHYS 22e, ADDRESS 22d. PHYSICIAN S NAME (Type) A. C. Mitchell, M. D. Deer's Head State Hospital, Salisbury, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BURIAL, CREMATION, 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 urid20 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH 2b HOUR A DECEASED NAME First (Type or print) Month 11:00 Julius Cecil Darden April 4. RACE IF UNDER 1 YEAR 1F UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH 6. AGE (In years lost birthdov) Colored Oct. 25. 1900 Male nit. Then please remave carban papers. Pdg arremaval, and in any event, within 72 haurs law requires that the death certificate be executed within 24 haurs the attending physician and campletely filled in by sit permit. Then please remave carban papers. P 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED Georgia U.S.A. WIDDWED [DIVORCED [Wicomico 120 USUAL DCCUPATION (Kind of work done 10. CITY DR TOWN DF DEATH 11 NAME OF HOSPITAL DR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Laborer give street address) INDUSTRY Salisbury Pine Bluff State Hosp 13a USUAL RESIDENCE (Where deceased lived of institution; Residence before \$13c, CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY NO [Talbot Easton Dover Road Maryland 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Middle Jones Branch Darden Fannie 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Records of [(if yes give war or dates of service) Yes, no, or unknown) Pine Bluff State Hospital 222-05-1626 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

Senile de BETWEEN ONSET AND DEATH Senile degeneration unknown DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the ! O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTDPSY? CAUSES OF DEATH? NO KT YES 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 1 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No County Stote City or Town While Not while of work 22a. I certify that (4) (this haspital) attended the deceased from Jan. 22., 19.68, ta April 1,89.68, that (1) (we) last saw the deceased alive an April 18.19.68, and that in (2019) (aur) apinian death accurred an the date and haur and from the causes stated abave (we) (did) (did) view the bady after death 22c DATE SIGNED 22b. SIGNATURE STAFF PHYS. MED. DIRECTOR X directar, page 3 shauld be filed v April 19, 1968 DEGREE 22e. ADDRESS PHYSICIAN'S E. P. Ritchings, Pine Bluff State Hospital M.D. NAME (Type) NAME OF CEMETERY OR CREMATORY 23b DATE XOPATION (City or Town) (County) 230, BURTAL, CREMATION, REMOVAL (Spec fy) 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Klayler 1968





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ਹਨ ਤੋਰੋ ਜੀ CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 20 DATE OF DEATH 2b HOUR transit permit. Then please remave carban papers. Pages seind crematian, ar remaval, and in any event, within 72 haurs after death (Type or print) Month **EUPHEMIA** 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNCER 24 HRS. last birthdoy) MONTHS DAYS HOURS White January 22. 1895 signed by the attending physician and campletely filled-ia_by burial-transit permit. Then please remave carban papers. P 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | Maryland Wicomico USA WIDOWED FX DIVORCED [10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within General Hospirtan Returned Programme General Salisbury 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES P NO Wicomico Salisbury A. F. Vine Street Marvland 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Alexander Della Green Bloodsworth Address417A E. Vine St. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) Yes, no, or unknown) NO (If yes give war or dates of service) Mrs. Mary Serman, Salisbury, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) Conditions, if any, which gove: rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE O physician. stoting the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING BAUSES OF DEATH? YES 🗍 NO I 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 181 b be retained by the haspital OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET FACTORY.) 211 LOCATION 21e. PLACE OF INJURY City or Town Stote County While Not while of work 220. I certify that (I) (this to spital) attended the deceased from 19 6 and that in (my) remi opinion death occurred an the date and hour and from the saw the deceased aliverandirector, page 3 shauld shauld be filed with the couses stoted above, (1) (we) (did) (did) (did) view the body after death Page 4 may be retained o FUNEIAL DIRECTOR: 22b. SIGNATURE 22c DATE SIGNED ATTENDING April 6, 1968 DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Medical Center, Salisbury Burton 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial 1968 Wicomico Memorial Park Salisbury, Wicomico, Maryland 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) Charles HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV. 1/68 DATE



1	1	225 DIVISION O	MARYLAND F VITAL RECORDS, 30		ARTMENT OF I		AND 21201		
FOR STATE	3/ 4	2 Kg (r)	MEDICAL EXAL		*		21201		3.2
HEALTH DEPT.		SED-NAME First ROBER	Mic	ddle BURY	DAVIS		20 DATE KNOWN SOF ESTI- DEATH MATED	1. 2 6	Yeor 2b HOUS
de de la del	3 SEX	,	5 DATE OF BIRTH 6-19-1882	6 AGE (in years set brithday) 85 YR	F JNDER 1 YEAR MONTHS QAYS	IF UNDER 24 HRS HOURS MIN.	2c DATE PRONOUNCE	D DEAD	Yeor 19 68 2d HOUI
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s certificate should be executed within 24 hours ofter death e, writing the ward "pending" in pencil in item 18. Give Page forwarded to the Chief Medical Examiner's Office along with used as a burial-transit permit. File pages I and 2 with the Storemand, and in any event within 72 hours after death	14 FATH	ER'S NAME First	Middle ael James D	lost avis	15. MOTHER S MAID			ddle	Lost
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	₹ P	EXTERNA. CAUSE WAS IMARY OR CONTRIBUTING AUSE OF DEATH	21b TIME OF INJURY Month, HOUR A.M. P.M.	Doy, Yeor	21c HOW INJURY OCC	URRED (Enter notur	e of njury in Port I o	or Part 2, Item 18	
ICAL EXAMINER: The secure the certificator Page 4 should be ed for your files. CTOR: Page 3 should the burial, cremation, or		I INJURY OCCURRED 21e PLAC	E OF INJURY (At home, form, office building, etc.)	street,	21f. LOCATION Street of	r R F D. Na.	Etty or Tawn	Cou	unty State
DEPUTY SICAL EXAM reessary, please execute the e funerol director Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burial, crem		22a. I certify that I taok	*	described abov		osy,Insi Homicide	pection K, In		and in my apınia
please I directering DIRECTE		CTUAL	- 1	ALLIGORI [L]	CHIEF	: MEDICAL EXAMINE TANT MEDICAL EXAM	R 🔲	22b. DATE SIGNE	in.
O DEPUTY necessary, the funero 5 moy be O FUNERAL Health pri	1 8		Royer, M.D. len Ave., S	alisbu	DEPU	TY MEDICAL EXAMIN LESS(Street, city, tov	IER 🔼	April	
To need the S m Yes	23o BI	IR AL, CREMATION, 236 DAT	TE 23c N	IAME OF CEMETER			LOCATION (City or To-	wn) (Coun	ico Me.
VR A15MA LS	1	ERAL DIRECTOR	Selbyvil	ADDRESS		250 REC'D BY REG		GISTRAR'S SIGNA	TURE_



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME First M ddle 20. DATE KNOWN DO (Type or Print) JOHN RUSSELL DENNIS DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH F JNDER 24 HRS 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR pages 1 and 2 with the State Departm Yeor 19 68 3 BM M AA 2-3-22 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH forwarded to the Chief Medical Examiner's Office along with form country) Wicomico WidOWED [7] DIVORCED DE in pencil in Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USJAt OCCUPATION (Kind of work done This certificate should be executed within 24 hours ofter death 12b KIND OF BUSINESS OR Salisbury gwPeningula General during most of working life, even if retired) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 12c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Somerset/Princess odmission) STATE Md. YES NO 307 Hampton Ave. 14. FATHER'S NAME IS. MOTHER S MAIDEN NAME 166 SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) buriol-transit permit PART I DEATH WAS CAUSED BY Rupture of esophagus 34 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) FUNERAL DIRECTOR: Page 3 should be used 190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES X NO 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18 21b TIME OF INJURY Month, Doy, Year PRIMARY X OR CONTRIBUTING -26-68 Crushed beneath ice at processing plant CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At harne, farm, street, 21E.10CATION Street or R.E.D. No. City or Town County State Perdue Processing Salisbury, Wico., Md. 22a. I certify that took charge of the remains described above, held an Autopsy 2. Inspection A Inquiry X and in my opinion death resulted from: Natural causes . Accident X. Suicide 🗍 Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER Royer, April 30. DEPUTY MEDICAL EXAMINER X Salisbury, Camden Ave Md ADDRESS(Street, city, town, or county) 50 230 BUR AL CREMATION, 23d LOCATION (City or Town) 250 RECD BY REG STRAR 25b REGISTRAR'S S GNATURI Anthony Ward Funeral Home, Crisfield, Now MAY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH M ddle 2o. DATE OF DEATH DECEASED NAME First 2b. HOUR (Type or print) Month Yeor OWNING S DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 6. AGE (In years loss birthday HOURS oon popers. Rage within 72 hours at requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED M NEVER MARRIED country) physicion and completely filled in ien please remave carbon popers. Wicomico DIVORCED [WIDOWED 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b, KIND OF BUSINESS OR Hospiteli'2 Salisbury General 130 USUAL RESIDENCE (Where deceased lived, if jestitution: Residence before 13e STREET AND NUMBER 138 INSIDE CITY LIMITS? 13b. COURT NO X odmission) STATE ond in ony IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME M.ddle 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no or unknown) (If yes give wat at dates of service) CAUSE OF DEATH (Enter only one couse per line for (b), and (c).) BATWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony/which gove) **burial-transit** rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse prior to burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 166 O FUNERAL DIRECTOR: After this certificate hos been os the 190. DATE OF OPERATION J9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? YES X far use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED Poge 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year P.M (If either, notify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F D. No. 21d, INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased olive an. director, page 3 shauld should be filled with the causes stated above, (I) (we) (did) (did, nat) view the bady after Beath. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e ADDRESS, NAME (Type) **CIP**CREMATORY (State) 230 BURIAL, CREMATION (County) REMOVAL Specify 24. FUNDRAL DIRECTOR 25o. REC'D BY REGISTRAR VR AT5 (4) 30M REV 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1 DECEASED-NAME	First		Middle		Last	` 2σ	DATE OF DEATH		2b. HOUR
(Type or print)	VFRN	ON	HARTSWELL		FN9/15	1	Month April	Doy 20 Year &	15%
3. SEX		4. RACE	6/1		5. DATE OF BIRTH		6. AGE (In years	F UNDER 1 YEAR	IF JINDER 24 HRS
M	Ale-	101/	te		July 20,19	903	last birthday) 64 YR	NONTHS OAYS	HOURS MIN.
70. BIRTHPLACE (S	ote or foreign	7b. CITIZEN ÓF W	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 (0)	UNTY OF DEATH		
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O. CITY OR TOWN	OF DEATH	11 1	NAME OF HOSPITAL OR INS	TITUTION (1f	nat in haspital 120		UPATION (Kind of work don		BUSINESS OR
Sali	sbury	3 15 p	eninsula	Gene	ral Host	Hear'	working fife, even if retired	INDUSTRY	
			utian: Residence befare	13c, CITY O		DE CITY LIMITS?	13e. STREET AND NUMBER		
odmissian) STATE	Marylan	d ISB. COUNTY	Wicomico	Salis	sbury YES?	NO [111 E. Will	liam Stre	et
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	Charles	Sher	man Eng	lish		Stell-	a B.	Ve	nables
160. WAS DECEASE	D EVER IN U.S ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY N	IO. 17.	INFORMANT (Sis	ster)	900 ddress	vington	Road
Yes no or unkr	(will)	0.0000000000000000000000000000000000000		Mr	s. Martha	A. Én	<u>qberq, Ćheste</u>	er. Penns	vivania
			line for (a), (b), and (c).			-			MATE INTERVAL DISET AND DEATH
PART I.	DEATH WAS CAUSED IMMEDIAT	BY E CAUSE (a)	CORO	May	set occ,	4510	И	4	du .m.
11.	7		AS A CONSEQUENCE OF		\				,
	any, which gove	(b)	ante	121050	cle better	Mean	et disease	11	. 7
	stating the underlying cause (a). DUE TO, OR AS A CONSEQUENCE OF OST. C) QENEVE 1288 CNR LORGE SCHOOL SCHOOL STATE C) QENEVE 1288 CNR LORGE SCHOOL SCHOOL STATE C) CONSEQUENCE OF C)								7
lost.)	(c)						44	
	\	1	UTING TO DEATH BUT NO	1			ION GIVEN IN PART 1(a)		
8 / mys			le cour			1157 T			
190. DATE OF	OPERATION 195. CO	ONDITION FOR W	HICH OPERATION WAS PE	(FORMED	200. AUTOPSY?		20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CE	ERTIFYING
FITE						NO 🗌			
	IT WAS UNDERLYING ITING □ CAUSE OF DEATH			21c. ł	HOW INJURY OCCURRED	(Enter notu	re of injury in Part 1 or Port	2, Item 18.)	
(If either, no	tify medical examine	er) P.M.	. 19						
T ZIG. HUUKI	OCCURRED 21e. P	LACE OF INJURY	(AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	TORY.) 21f. I	LOCATION Street or R.	FD Na.	City or Town	County	State
White Not work	nt work					10 : :		10	75
22o, I cer	tify thot (1) (this	hospitol) of	tended the deceose	d from_	ad that is (my) (as	, 19 <u>6</u> <u>6</u> ,	, to <u>CATELLZ</u> deoth occurred on the	19 <u>6%</u> , thor	(I) (we) los
cons	rne aeceosea on es stoted obove.	(i) (we) (did) (did not) view the	oody ofter	deoth.	л) оринон	depili offored on the	ante ona non i	ona nom m
22b. SIGNATU		(1)	, (1150		2c. DATE SIGNED	
L. S.	m553	rellad	lay M.1	DEG	REE PHYS	DIRECTO	OR STAFF PHYS.	4-20-	J 2
22d PHYSICI					22e. ADDRESS		,		
NAME'(Ype) Dr. J	ohn_T.	Bulkeley		Salis	bury,	Maryland		
23a. BURIAL, CREM		ATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
REMOVAL (Sp	1 Apri	1 23, 1	968 Mardel	a Memo	orial Ceme	tery	Mardela, V	dicomico.	Md.
24. FUNERAL DIRE	CTOR		ADDRESS		2So.	RECO BY REG	ISTRAR 2Sb. REGISTRA	RS SIGNATURE	dela
HOLLO	WAY & COM	IPANY, S	SALISBURY,	MAR YL.	AND DATE	APR 2	4 1968		0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after VR A15 (4) 1 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remaires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.



200 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

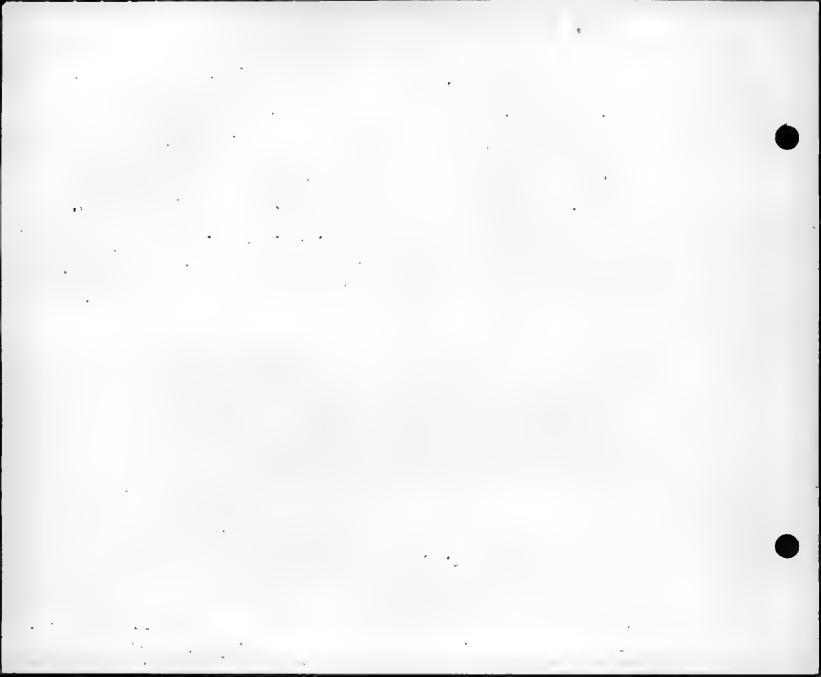
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MARYLAND STATE DEPARTMENT OF HEALTH

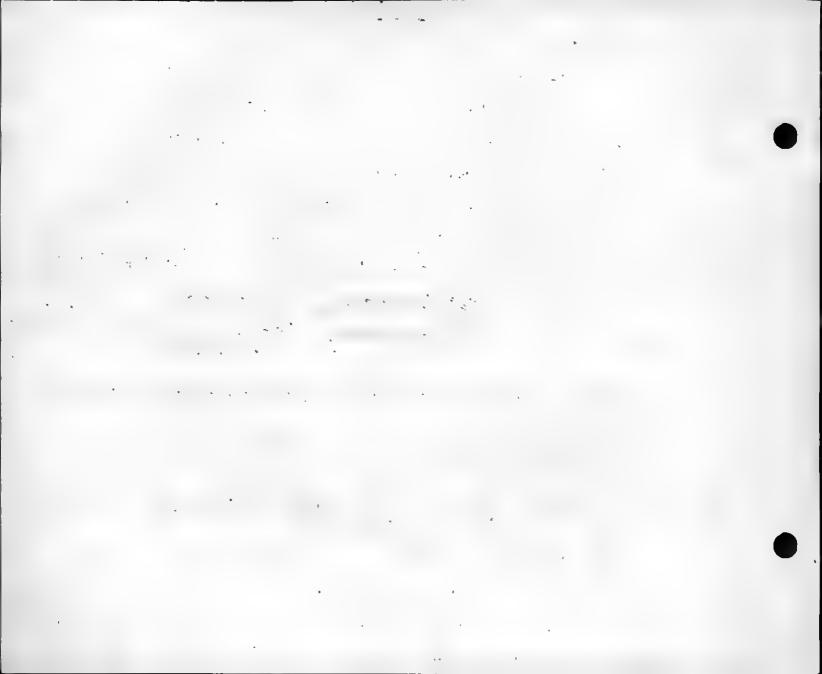
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		First	Middle		Last	2a. DATE OF DEATH			2b. HOUR		
lype	ar print)	sie	.T .	8	SKRIDGE	APRIMO	ith Doy	Year	149 M		
3. SEX		4 RACE			DATE OF BIRTH	6., AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
	T.	C.			4/11/1909	- E	irthday) (25 9 YRS	MONTHS DAYS	HOURS MIN.		
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	Maryland	U.S.	A	WIDOWED [DIVORCED [Wicomic	0		Md		
	OR TOWN OF DEATH	give :	AME OF HOSPITAL OR IN street address)	,	during me	NLOCCUPATION (Kind of	work dane	12b. KIND OF INDUSTRY	F BUSINESS OR		
	alisbury		ninsula		al Hospita	Lomes	tie				
	JAL RESIDENCE (Where do n) STATE	eceased lived, it institut		Dalis	VEC TO MC		NUMBER sabell	n Ct			
14. FATH	IER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME F		Middle	مهاين ت	Last		
			****	101							
16a WA	S DECEASED EVER IN U.S.	Dashield:	116b. SOCIAL SECURITY	NO. 17 IN	Sarah Dash FORMANT	11.0108	Address	Salis	hisner ?		
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			- (- (-) (1) 1 (1)		PPOUL BRKILL	uga ozo	I SELULI	APPROX	IMATE INTERVAL		
18.	PART 1. DEATH WAS C				1.0 (0000		1)	BETWEEN	ONSET AND DEATH		
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rise	Conditions, if any, which gave (b)										
sta	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	lost (c)										
PA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
8 2	73;										
	. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PE	ERFORMED	20a. AUTOPSY?			INSIDERED IN C	NSIDERED IN CERTIFYING		
CERTIFICAT					YES NO	CAUSES OF DEA	IH?				
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)										
MEDICAL S =	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19										
- 2	d. INJURY OCCURRED	21e. PLACE OF INJURY			ATION Street or R.F.D. No.	City or Town		County	State		
WI	1100 111110		OFFICE BUILDING, ETC.	- 1							
22	at wark at wark 22a. I certify that (1) (this haspital) attended the deceased fram 1965, ta 1965, ta 1966, that (1) (we) last										
-	saw the deceased glive an										
ΙĿ	causes stated above, (I) (we) (did) (did nat) view the body after death.										
221	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED										
ΙL	DIRECTOR DIRECTOR DIRECTOR DIRECTOR DAYS.										
220	d. PHYSICIAN'S NAME (Type)			1	22e. ADDRESS						
	HANKE (Lype)										
23a BU	IRIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATION (City	or Tawn)	(County)	(State)		
REI ₽1	MOVAL (Specify)	4/15/196	8 Chur	ach		Columbu	s Sus	sex	Lel.		
	IERAL DIRECTOR	1.1	ADDRESS		2Sa. REC'D B	Y REGISTRAR 25b	REGISTRAR S	SIGNATURE			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301"W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2o. DATE OF DEATH DECEASED-NAME Middle Lost 2b. HOUR First (Type or print) Aprilon 1968 **GERMAN** WILLIAM LEE 3. SEX 4 RACE S. DATE OF BIRTH IF LNOER 24 HRS 6. AGE (In years IF JNDER 1 YEAR lost birthdoy) HOURS requires that the death certificate be executed within 24 haurs aft White April 24, 1892 physicion and completely filled in by the Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (country) Maryland USA DIVORCED [WIDOWED [7] WICOMICO within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) III Brooklyn Avenue during most of working life, even if retired.)
Retired Auto Salesman INDHISTRY carbon Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13a STREET AND NUMBER 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? admission) STATE 13b COUNTY remove Salisbury 111 Brooklyn Avenue Wicomico ony 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Middle Lost .Ξ Washington Foskey German and (Wife) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Abrooklyn Avenue Yes, no. or unknown) 182-18-2072 removal, Salisbury. ottending phys nermit. Then [Mrs. Elise L. German. Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY 6 IMMEDIATE CAUSE (o) buriol, cremation, DUF TO, OR AS A CONSPOUENCE OF the signed by the buriol-tronsit Conditions if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or attending Φ has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO 🖵 of Health O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of miury in Port 1 or Port 2, Item 18.) jo HOUR AM. OR CONTR BUTING CAUSE OF DEATH Month Day Year PM (If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot work of work 22a. I certify that (1) This haspital) attended the deceased fram. .19 (2) Pand that in (my) (our) opinion death occurred an the date and haur and fram the saw the deceased alive an. couses stated abave, (1) (we) (did) (did nat) view the body after death. with 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF April 29/1968 director, page should be filed DEGREE DIRECTOR PHYS. PHYS 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) 707 Camden Ave., Salisbury, Maryland Dr. Alberta Polin 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) 29, 1968 Parsons <u>Salisbury, Wicomico,</u> Burial Maryland 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1968 3 30M REV, 1/68 HOLLOWAY & COMPANY SALTSBURY MARYLAND



Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After director, page 3

230. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mardela Memorial Cemetery Mardela, Wicomico, Maryland 8.1968 Buria 24. FUNERAL DIRECTOR

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

23d. 10CATION (City or Tawn)

Deer's Head State Hospital, Salisbury,

Mary Land

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Maldve, M. D

1968

2Sq. REC'D BY REGISTRAR

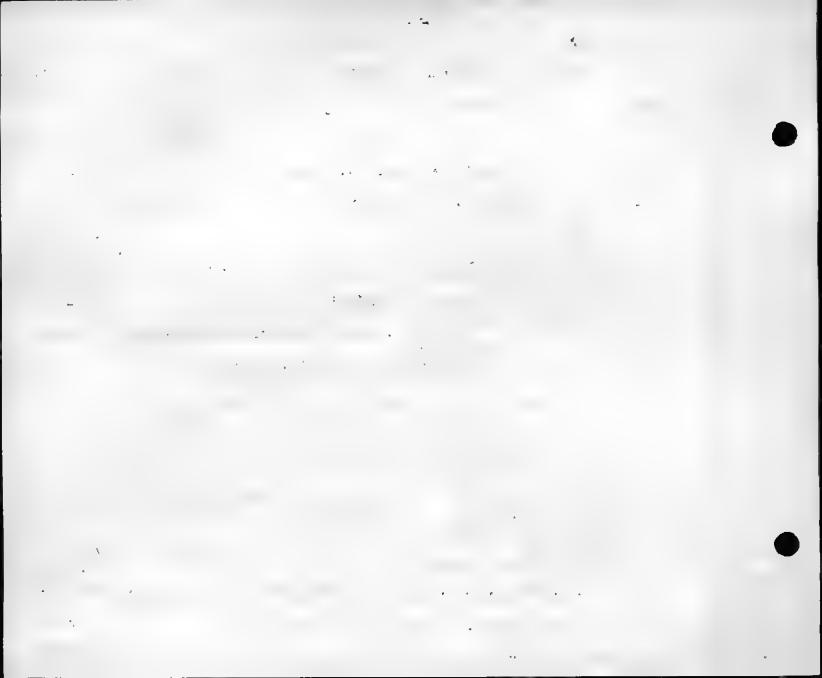
DIRECTOR

ATTENDING

22e. ADDRESS

PHYS

DEGREE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle First Lost 20. DATE OF DEATH 2b. HOUR 4. RACE 6 AGE (In years IF LINDER 1 YEAR lost_birtheny) MONTHS COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Hos General 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b COUNTY Middle 15 MOTHER'S MAIDEN NAME First Lost BETWEEN ONSET AND DEATH DUE TO, OR AS A **CONSEQUENCE OF** 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY?

7a. BIRTHPLACE (State or foreign 10. CITY OR TOWN OF DEATH Salisbury 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before odmission) STATE 14. FATHER'S NAME 16a. WAS DECEASED EVER 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave: rise to immediate couse (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION CAUSES OF DEATH? YES I 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 3 - 20 , 1968, ta 4-11 19 6 ar , that (1) saw the deceased alive on 4-11 1968, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22e. ADDRESS LOCATION (City or Town) BURIAL, CREMATION, 25a. REC

burial-tronsit permit. Then please remove carbon popers. Pages 1-burial, cremation, or remaval, and in ony event, within 72 hours after The low requires that the death certificate be executed within 24 hours .⊑ completely filled attending physicum signed by 1 be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to director, page 3 should be detoche should be filed with the State Dept. 30M REV. 1/68 DECEASED NAME

(Type or print)

VR A15 (4)

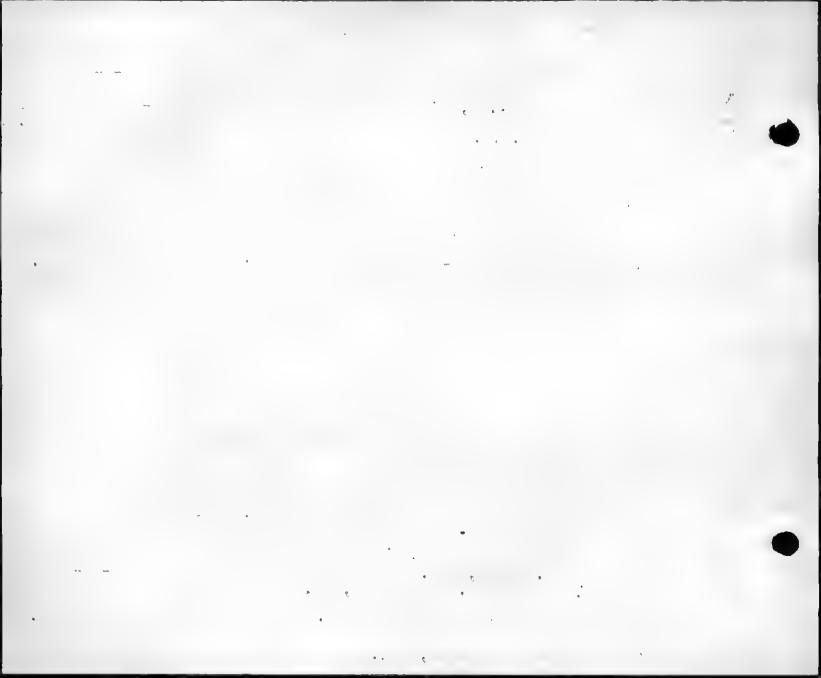


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOUR 8:20p DECEASED-NAME Middle 20. DATE OF DEATH April M CHARLES signed by the ottending physician and completely filled in by the funeral burial-tronsit permit. Then please remove corbon papers. Pages—Tand burial, cremation, or removal, and in any event, within 72 hours ofter depth **JENKINS** Month 12 Doy 68 Year (Type or print) 3. SEX Male PHYSICIAN: The law requires that the death certificate be executed within 24 hours after IF UNDER 1 YEAR AGE (In years) IF UNDER 24 HRS. Colored los (Ahdoy) 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WICOMICO WIDOWED ** DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddressDEERSHEAD STATE 12o. USUAL OCCUPATION (Kind of work done CITY OR TOWN OF DEATH SALISBURY, MD. 126 KIND OF BUSINESS OR INDUSTRY during most of wosking life, even if retired.) Ohor 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CAPY OR TOWN 13d. INSIDE CITY LIMITS 136 STREET AND NUMBER odmission) STATE 13b COUNTY NO [C] YES 🗔 14. FATHER'S NAM Middle IS, MOTHER'S MAJDEN NAME First Middle VYC 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SEČUŘITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY:

BRONCHO→PNEUMONIA★────Days BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (o) A CONSEQUENCE OF DUE TO, OR -----Months Conditions, if ony, which gove rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! attending physicion. CHRONIC PYELONEPHRITIS----Yrs. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate hos been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO [Yes of Health Page 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) be detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work Feb. 20 10 April 12 19 00 22a. I certify that (1) (this haspital) attended the deceased fram-saw the deceased glive an April 12 168 saw the deceased alive an_ _, and that in (my) (our) opinion death occurred on the date and hour and from the should director, page 3 should should be filed with the causes stated obave, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 225 SIGNATURE ATTENDING MED. DIRECTOR DEGREE April 13, 1968 PHYSICIAN'S 22Deershead Hospital, Salisbury, Md. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED NAME First 20 DATE KNOWN X (Type or Print) EST1-0F 7-68 19 Essie Jane Johnson DEATH MATED 3. SEX 4 RACE AGE (in years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD S DATE OF BIRTH 19 68 5.1908 50 Oct. 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. WIDOWED DIVORCED [Maryland Wicomico Give Pode 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR during most of warking life, even if retired) give_street address) INDUSTRY with the Salishurv eningula Gemeral 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13s CITY OR TOWN 13d HISIDE CITY EIM TS? 13e STREET AND NUMBER odm ssical STATE 13b COUNTY Selbyville YES I NO K Sussex lond 2 ofter 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Hettie Brittingham Johnson George 5 hours poges 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** This certificate shauld be executed within in pencil (Yes, na, or unknown) [If yes give wor at dates of service] Selbyville, Dela. 212-12-3711 Ella Mae Camper no = APPROX MATE INTERVA. within 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) permit BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" Sudden IMMEDIATE CAUSE (a) Coronary occlusion DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nse to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, be used 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗍 NGC 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2, Item 18) 21d EXTERNAL CAUSE WAS 21b T ME OF IN, JRY Month, Day, Year PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspect on X Inquiry X. and in my opinion Natural causes XI. Accident . Suicide death resulted from Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR O DEPUTY u-10-68 DEPUTY MEDICAL EXAM NER X 5 m. To FUN. Health L. Royer, OSalisbury, ADDRESS(Street, city, town, ar county) Camden Ave. 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23d. LOCATION (City or Town) (County) (State) Evergreen cem. Mdd Berlin. Worcester. 25a. REC D BY REGISTRAR 25b atson Funeral Home VR A 15ME (5 Watan Salbyville. TOM REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.038CERTIFICATE OF DEATH 2o. DATE OF DEATH 2b. HOUR Middle 1. DECEASED-NAME First death requires that the death certificate be executed within 24 hours after death by the funeral Poges 1 and (Type or print) Franklin P M Yner DATE OF BIRTH 6 AGE (In years IF JINDER 1 YEAR IF LINDER 24 HRS. ease remove carbon papers. Pages 1 and in any event, within 72 hours after 3. SEX 4 RACE DAYS lost-birthdov) HOURS 25,1903 Dec. nale Negro 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 151 NEVER MARRIED 17 country rginia the attending physicion and completely filled in sit permit. Then please remove corbon papers. Wicomico WIDOWED [DIVORCED | 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12b, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH General Hospital during most of working life, even fretired) give street oddress) Peninsula Laborer Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN F3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Millsboro, Del. odmission) STATE 13b. COUNTY YES 🗀 Millsboro ussex Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME M ddle Lost First Smi th Edward Mary Jovner Jovner 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. arunknown) Millsboro 24-09-6371 Lula Joyner or removol, APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove] rise to immediate couse (o), signed by t DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) os the prior to TO FUNERAL DIRECTOR: After this certificate has been 20b IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔲 21o. ACCIDENT WAS UNDERLYING 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY و OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, not fy medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram fully 1963, to april 18, 1968, that (I) (we) last saw the deceased glive and appril 18, on on those in (my) (sur) opinion death accurred an the date and haur and from the causes stated abaye, (1) Kwe) (dro) (did nat) view the bady after death 22c DATE SIGNED 22b_SIGNATURE STAFF DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION, 23b DATE Millsboro. Del. BUT 1 a L 1968 St. John's Cemetery April 25b. REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR ADDRESS 24 FUNERACTOR VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICATE	OF DEATH							
	ECEASED-NAME First	Middle	(ost	2a. DATE OF DEA			2b H	OUR		
(Type or print)		G.	Kee:	ey	An	Month Doy	1968	1 1	Ah		
3. SE		4 RACE	S. DA	TE OF BIRTH				IF UNDER 2	24 HRS		
	Female	White	F	FR 29 1	1227 3	AGE (in years burthday)	MONTHS DAYS	HOURS	M.N.		
7o. l	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED NE	VED MADDIED	9. COUNTY OF DEA						
נטטז	ntry) Pa	U. S.	WIDOWED T	DIVORCED	Wicon	nice			Mc		
10. (ITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR	INSTITUTION (If not in h	aspital 12a. USUA	L OCCUPATION (K m		12b. KIND OF B	USINESS (_		
	Salisbury	Deer's Head	StateRosp:	Ltal during mo	ost of working life,	, even if retired.)	INDUSTRY				
13o. odm	USUAL RESIDENCE (Where deceding sission)	ised lived, if institution Residence before 13b COUNTY/ALBOV	re 13c CITY OR TOWN		MITS? 186 STREET	AND NUMBER					
14 1	FATHER S. NAME First CHARLES -	Middle GENTZ	LER IS. MOY	HER'S MAIDEN NAME EL	ist YSTER	Middle		Lost			
	(es, no of unknown) (If yes give to	MED FORCES? War or dotes of service) 16b. SOCIAL SECURI 577-07-0	17 NO 17 INFORM	ANT MIEL-E-	KEESE	Address	EAVI	77	AD		
	0 - mm 2	nly one cause per line for (o), (b), and		1 12			APPROXIMA BETWEEN ON!	ATE INTERVA			
	IMMEDIATE CAUSE (a)										
	OUE TO, OR AS A CONSEQUENCE OF										
	rise to immediate cause (a).										
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
	4437	Montons Contributing to Design Dos	HOT KEDITO TO THE	TERMINAL SIJERSE SIVER	0110111011 011111111111	(AK) I(u)					
NS I		. CONDITION FOR WHICH OPERATION WAS	PERFORMED 2	o. AUTOPSY?	20h. IF YES	. WERE FINDINGS CO	INSIDERED IN CER	RTIFYING			
E S	TWO MALE OF CHANNEL TOWN	DEATH?	TO COMPANY III CHAMPAINO								
CERTIFICATION	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)										
	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year										
MEDICAL	(If either, natify medical exominer) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County								qte		
-	21d INJURY OCCURRED While Not while of work of								ile.		
	22a, I certify that (1) (this hospital) attended the deceased from 9/25/67 19 to 4/20/00 19 that (1) (we) far										
	saw the deceased alive an 1/20/65 19, and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated abave. (1) (we) (did) (did nat) view the body after death										
	22b. SIGNATURE	thus line				TAFF 120/68					
	22d. PHYSICIAN'S		3.	22e. ADDRESS							
	NAME(Type) T.	Maldve, M.D.		Box 2018,	Salisbu	ry, Md.	- 21801				
230	EUMAL, CREMATION, 235	14.22,1968 330 NAME	OF CEMETERY OR CREM	UN T	23d. LOCATION (C	Cuty or Jown)	(County) PZ	(State)	<i>y</i> .		
24	FUNERAL DIRECTOR	ADDRI	ESS	2So. REC D BY		256. REGISTRAR'S	SIGNATURE SIGNATURE	ester.			
1	survey 1/21/21	ONSMILEDAY VE	1340' NV'Z	DATE AP	PR 23 19	00	0	0			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the forest director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The fow requires that the death certificate be executed within 24 hou Page 4 may be retained by the hospitol or attending physician.

VR A15 (4) 30M REV, 1/68



FOR STATE H DEPT.

iny delay

hours ofter death

be executed within

please execute the certificate, writing the word "pending"

This certificate should

DICAL EXAMINER:

TO DEPUTY

in pencil in Item 18. Give

and,

where me forworded to the Chief Medical Examiner's Office along with death mges lond2 ofter hours File ■ıthin 72 permit event buriol-transit Ξ SD or removal. FUNERAL DIRECTOR: Poge 3 should be used cremotion, buriaf, ā the fumeral director. Heolth

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First I. DECEASED-NAME Middle 2o. DATE KNOWN 26 HOUR (Type or Print) ESTI-168 **HENRY** PURNEL DEATH MATED 4 RACE IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 6 AGE (n years 2c. DATE PRONOUNCED DEAD 2d HOUR White July 24, 1881 Male 1968 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WICOMICO WIDOWED X DIVORCED [Maryland USA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) Salisbury Saw Mill Operator Peninsula General Hospital 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Powellville Wicomico Marvland 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Lost John Kelly E. Kate Lewis (Son) 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (If yes give war or dates of service) 221-05-0475 Mr. C. Milton Kelly, Powellville, Maryland APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial degeneration vears IMMEDIATE CAUSE (6)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Arteriosclerotic cardio-vascular disease vears rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause OPSY? NO DO

	TAKE E OFFICE STORM COMPTIONS CONTRIBUTION	TO TO DENTIT DOT THOT RECATED	TO THE TENAMINE DISEASE OF COL	נפור ואמיד ווו דישונט מטי עה	
	/ Sub-trochante	ric fracture	of right hi	lp.	
2	190. DATE OF OPERATION				20 AUT
	4-2-68	WAS PERFORMED? Fre	acture of rig	ght hip	YES
5			21c HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 or Part 2	, Item 18.)
7 2	THOSE OF BEATT	Approx.	Foll at nurs	sing home.	ip yes nome. (ity or Your 2, Item 18.) nome. (ity or Your County Berlin, Worces on [X], m Inquiry [X], and it
Ĕ	21d NJURY OCCURRED 21e PLACE OF INJURY (A	t home, form, street,	21f LOCATION Street or R F D No	City or Town	County
	WHILE AT WORK AT WORK- PURSING NUTSING	hanteric fracture of right hip. 19b. COND TON FOR WHICH OPERATION WAS PERFORMED? Fracture of right hip 21b TIME OF INJURY Month, Doy, Year HOJR AM. 3-29-168 Fell at nursing home. OF INJURY (At home, form, street, office building, etc.) Prince Found for the building etc.) Page 12b Time Of INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) Fell at nursing home. Countries building, etc.) Prince Found for the building etc. OF INJURY (At home, form, street, office building, etc.) Prince Found for the building etc.) Prince Found for the building etc. OF INJURY (At home, form, street, office building, etc.) Prince Found for the building etc.) OF INJURY (At home, form, street, office building, etc.) Prince Found for the building etc.)	Worces		
	22o. I certify that I took charge of the		X, ond ii		
	death resulted fram? Notural cous	es Accident X	Suicide . Homicide	Undetermined monne	er 🗍

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ADDRESS(Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

DATE

Salisbury, Md.

23c NAME OF CEMETERY OR CREMATORY

1968 St. John's Cemetery

Royer,

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

409 Camden Ave.,

23b DATE

State

my opinion

1968

23d LOCATION (City or Town)

22b DATE SIGNED

April

(County)

Wicomico Maryland

VR A15ME (5) 10M REV 1/68

0

ACTUAL

SIGNATUR!

EXAMINER'S

NAME (Type)

BURIAL, CREMATION

REMOVAL (Specify)
Burial

24 FUNERAL DIRECTOR

Earl



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I fand nation, ar removal, and in any event, within 72 hours after beat 3. SEX DATE OF BIRTH 6. AGE (in years last birthdoy) MONTHS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Wicomico WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospital working life, even if refired) Salisbuby INDUSTRY General 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First M.ddle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, or unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE for NECRORES OF MAUINTETT Conditions, if ony, which gave) rise to immediate cause (a). stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATIONS 19b. CONDIZION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ... NO [] 216. TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street et R.F.D. No. City or Town County State White Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram. and that in (my) (aur) apinion death occurred on the date and have and from the saw the deceased alive andirector, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death 226 STONATURE 221 DATE SUGNED **ATTENDING** PHYS. DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS Peninsula General NAME (Type) Martin Zipser, 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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Λ	15		1,00			(EK FIF	ICATE OF	DEATH				0, 1, 1	Co. K.
- 24	4)		CEASED-NAME	First		Middle		Lost		20. DATE C		Devi	V	2b. HOUR
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iges I or a		3. SE	Χ ,	4. RA	CE			S. DATE OF B		· ·	6 AGE (in years last birthday)		INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
S age			Male		Wh.	iTe .		May 7,	1906			rRS.	I'ms VA13	RQUKS MIN
by Page			IRTHPLACE (Stote or fore	eign 7b CITIZ	ZEN OF WH	AT COUNTRY?	8 MARRIE	D 🔼 NEVER MAI	RRIED 5	9. COUNTY O				
d in		CGUN	Maryland		USA		WIDOWE		RCED 🔲	Wic	omico			Md
iii bat		10 C	TY OR TOWN OF DEATH		11 NA	ME OF HOSPITAL OR INS	1) MOITUTIT	f not in hospital	12a USUAL	LOCCUPATIO	N (Kind of work do	ine 1	2b. KIND OF E	BUSINESS OR
campletely filled in by the face and carbon papers. Pages y event, within 72 haurs after	1		Salisbur	·y	a. T e g	ninsula	Gen	eral H	o spres	T Workin	g life, even it refire EWS Carri	er '	Noustry Newspa	aper
carl ent,		130	USUAL RESIDENCE (When	e deceased lived,	4.01141704		1		13d. INSIDE CITY LIM		STREET AND NUMBER			
amp ave	art.	uanii	SSIGN) STATE Mary 1	and 130.	COUNTY	<u>icomico</u>	Sali	sbury	YES X NO	□ 60	0,7 Jackso	n St	reet	
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physicion and len please rem oval, ond in an		160. Y	WAS DECEASED EVER IN	U.S. ARMED FORC	ES?	166 SOCIAL SECURITY N 220-32=97		. INFORMANT	(Wife)		607ddrej	acks	on St	reet
skys val,			es, no, or unknown) (220-32-31	77 M	rs. Els	ie M. L	ittle	ton, Sali	sbur	y, Ma	ryland
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signed by the ottending phy burial-tronsit permit. Then burial, cremotion, or remova			lost.		(r)									
icate has been signed by the ottending physicion and campletely filled in by the <u>Ltw</u> for use as the burial-transit permit. Then please remave carbon papers Pages 1 Health prior ta burial, cremotion, or removal, and in any event, within 72 haurs after			PART 2 OTHER SIGNIFIC	CANT CONDITIONS	-	ING TO DEATH BUT NO	T RELATED	TO THE TERMINA	AL DISEASE OR CO	ONDITION GIV	EN IN PART 1(a)			
the r to		NO.	7		1			s 1/140						
as borio		CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	IN FOR WHI	TH OPERATION WAS PER	RFORMED	20c. AUTO			IF YES, WERE FINDING ES OF DEATH?	GS CONSI	DERED IN CEI	RTIFYING
use Ith	X	ERTIF	OL ACCIDENT MAC III	IDEBLUING La				YES						
for a			21a. ACCIDENT WAS UN		b. Time of Our A.M.	Month Doy Year	210	HOW INJURY OC	CURRED (Enter	nature of in	jury in Part 1 or Por	1 2, Item	18.)	
of of		MEDICAL	(If either, notify medical	al examiner)	P M.	. 19								
ach ept		2	21d. INJURY OCCURRED While Nat while	21e. PLACE OI	F INJURY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC.	1URY.) 21F	LOCATION Stre	et or R.F.D. Na.	Cil	ly ar Town	C	ounty	\$tate
r th det te D		П	at work at wark	,	. 13	111			/ 10 /			10 (i 0 v	201 2 1 1
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the the		П	causes stated	abave (I) (w	ve) (did) (did nat) view the l	ady afte	r death.	ny) (doi) dpii	nan ocum	decones un me	; uuie c	and itabi a	ina nam me
日光紙			22b. SIGNATURE	- 0	. 1		\wedge	4.7754101	NO AT	ED.		22c. DATE	SIGNED	
e 3			John	53	Zielil	seley M	() DE	GREE PHYS.	DI	RECTOR	STAFF PHYS.	Apri	18,_	1968
	,		22d. PHYSICIAN'S				,	22e. ADI						
LER.	1		NAME (Type) Dr	John	T. Bu						vd., Sali		y, Ma	ryland
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta	2	230.	BURIAL, CREMATION,	23b. DATE		23c. NAME OF				23d. LOCAT	ION (City ar Tawn)	((ounty)	(State)
5.00	To		REMOVAL (Specify) Burial	April	10,19	68 Parson	s Cen	etery		Salis	bury, Wic	omic	o.Mar	yland
	11	24	FLINERAL DIRECTOR			ADDRESS			1 2So REC'D BY	REGISTRAR	2Sb. REGISTR	AR'S SIGI	NATURE	

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haury

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Last 2a. DATE OF DEATH 2b. HOUR ofter death O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1- and (Type or print) LYONS Month April ED WARD 1968 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF JMDER 24 HRS lost birthday) MONTHS HOURS Male white hours requires that the death certificate be executed within 24 haur 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED X DIVORCED [WICOMICO 10. CITY OR TOWN OF DEATH within 12a LISUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR Deer's Head that at warking its, even if deticed Salisbury State Hospital 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 3d. INSIDE CITY LIMITS? Wicomics NO F Eden Rt. #1. Box 9 and in any 14. FATHER'S NAME Middle M adle Last IS MOTHER'S MAIDEN NAME 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na. ar unknown) [If yes give war or dotes of service] ar removal. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute pulmomary edema 12 hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Bronchopneumonia 24 hours rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Years Generalized arterioselerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) be retained by the haspital ar attending priar to Bilateral inguinal herniae - irreducible 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. af H (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street of R.F.D. No. City or Town County State OFFICE BUILDING, FTC While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from March 12 , 1968 , to April 3 , 1968 , that (1) (we) last saw the deceased alive an April 3 , 1968 , and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated above, (If (we) (did) (A) (10) view, the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 山/3/60 director, page 3 should be filed PHYS Mary Land 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) C. H. Wimnacott. M. D. Deer's Head State Hospital, Salisbury 23a. BURIAL, CREMATIO 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

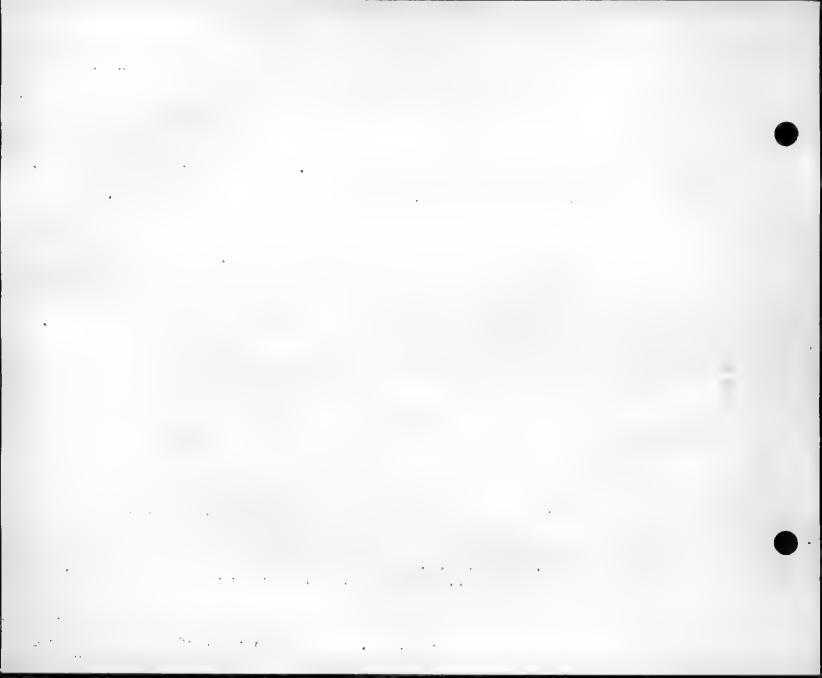


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME 2o. DATE OF DEATH First Middle. Last 2b HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) ASS IF JNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3. SEX last birthday) HDURS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h. Wicomico DIVORCED WIDOWED 2a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Hospital ELICTRICA give street address) Peninsula ANDUSTRY Salisbury General DIN 13g, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTA YES 🔀 NO F IS MOTHER S MAIDEN NAME First 14. FATHER'S NAME Middle Middle First Last 55 MSSE 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, ar unknown) SSE 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) BETWEEN DISET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) has been see as the the prior take 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 NO [od far use af Health g O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day I be detached f State Dept. af I (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY State Street or R.F.D. No. City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased framand that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive andirector, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did pat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) FUNERAL DIRECTOR 2Sb. REGISTRAR'S 2Sq. REC'D BY REGISTRAR

30M REV. W 68



_ 1 _ 1		MARYLAND STATE DEPARTMENT OF HEALTH										
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* .									
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month De	ov Year 2b. HOUR									
		(Type of Print) ROBERT LEE MCBRIDE OF ESTI- 4-19	-6819 6.3°									
Iny delay is 1, 2, and 3 to rm PM3. Page Department of	3. 9	SEX 4. RACE S. DATE OF BIRTH 6 AGE (n. years 15 Linder 14 HBS 20 DATE PROMOUNCED DEAD 19 HOURS MIN MONTHS DAYS HOURS MIN MONTH 11 DOY 19	Yeor 19 68 6'. 20 M									
L C4 OL		8IRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH 111y) Va. WIDOWED DIVORCED Wicomico	Md									
oth cages th for	10	O CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital liza USUAL OCCUPATION (Kind of work done lizb KIND OF during mest of workshop life, even if retired) INDUSTRY										
fer death Give Pages 1, ang with form th the State De	L	Delmar 100 Pine St. Painter	Vains									
2 % o s o s o s o s o s o s o s o s o s o		USUAL RESIDENCE (Where deceased tived, if institution. Residence before 13c (ITY OR TOWN ordinates on) STATE Md. 13b COUNTY Wicomico Delmar YES NO 100 Pine St.										
	14.	FATHER'S NAME First Middle ost 15. MOTHER'S MAIDEN NAME First Middle	Sarrett									
thin mine pog hou		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war of dates al service) 288-05-5261 Encla J McBrillo Williams	mel.									
should be executed wire word "pending" in per the Chief Medicol Exarunial-transit permit. File in ony event within 72		18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
be executed "pending" in itel Medicol E insit permit. Fevent within		PART I DEATH WAS CAUSED BY: Coronary occlusion [MMEDIATE CAUSE (a) Coronary occlusion	sudden									
ex pend of Mil sit p		DUE TO, OR AS A CONSEQUENCE OF										
d bi d 'i Chie tran tran		nse to immediate couse (a).										
should be e ne word "per o the Chief burial-transit		stoting the underlying cause DUE TO, OK AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
certificate sh writing the prwarded to to used os a bur noval, ond in	×	4										
	CFRTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?									
e at a	ERTE		YES NO X									
얼마 음이		PRIMARY OR CONTRIBUTING HOUR A.M.	18.)									
EXAMINER: cute the certifi age 4 should r your files. Page 3 should	MEDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State									
AAM e th our our ige		WHILE NOT WHILE of foctory, office building, etc)										
L EXA cecute Page for you R: Pag		220. I certify that blook charge of the remains described above, held an Autopsy , Inspection XI. Inquiry [X	end in my opinion									
FCA to ed fed fed fed fed fed fed fed fed fed		death resulted from Notural couses [X], Accident [], Suicide [], Homicide [], Undetermined monner []									
please e I director retained		ACTUAL CHIEF MEDICAL EXAMINER C										
Prio prio		SIGNATURE M.D. ASS STANT MEDICAL EXAMINER () 220 DATE 310	. 20, 1968									
O DEPUTY SICA necessory, please es the funeral director. S may be retained of FUNERAL DIRECTOR Health prior to but		examiner: Earl L. Royer, 11.D. Deputy Medical examiner (X April Name (Type) 11.09 Camden Ave., Salisbury, Mdaodress(Street, city, fown, or county)	20, 1700									
necessory, please execute the funeral director. Page 5 may be retained for y 10 FUNERAL DIRECTOR: Pedlih prior to burial, c	230	O BURIAL, CREMATION, 23b, DATE / 23c, NAME OF GEMETERY OR CREMATORY 23d. OCATION (City or Town) (Co	ounty) (State)									
- per		Barrell 4/23/68 Bayborn Con agnor borry	10.605									
		FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 1 25b REGISTRAPS S.G.	HATEIRE YMAR									
VR A15ME (5) 10M REV 1/68	I.	Marvel Funeral Home, Delmar, Md. DATE A: n 2 2 1968	0									



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2o. DATE OF DEATH Lost 2b HOUR rs after death. Year (Type or print) Month Dov 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH AGE (In years HOURS lost birtkray) MONTHS ma ve carban papers. P event, within 72 hour 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED 🕅 NEVER MARRIED 🗌 country). signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. Wicomico WIDOWED DIVORCED 120 USJAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within. General Hospital of working life, ever i fettred **INDUSTRY** Salisbury 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO ar remayal, and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (i) yes give war or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arcinoma IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) MICINOMA C 105 T rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the haspital or attending as the prior ta has been CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO for use O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. 21d. JNJURY OCCURRED AT HOME, FARM, STREET FACTORY. 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY Stote City or Town County While Not while to work ot work l 22a. I certify that (I) (this haspital) attended the deceased from 19 (and that in (my) (our) opinion death occurred on the dote and hour and from the saw the deceased alive on \sim be retained causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE/SIGNED **ATTENDING** elirector, page 3 DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 220 ADDRESS NAME (Type) BURIAL, CREMATION 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ~ CERTIFICATE OF DEATH Middle last 2g. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR law requires that the death certificate be executed within 24 haurs after death. (Type ar print) Manth HARRY LEE MESSICK April 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS Male White July 22, 1901 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEDAX NEVER MARRIED Mary land WIDOWED [7] DIVORCED [USA WICOMICO signed by the ottending physician and completely filled burial-tronsit permit. Then please remove corban pag 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address)
Peninsula General Hospital Grocer during most of working life, even if retired) INDUSTRY or removol, and in ony event, with Salisbury Grocery 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMATS? 13e STREET AND NUMBER 13b. COUNTY NO T R.D. Mary Land Tyaskin Wicomico 14. FATHER'S NAME First Last 15. MOTHER'S MAJDEN NAME First Middle Last George Messick Wainwright Anna 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANSon 512ddresammond St. Yes, ng. ar unknawn) (If yes give war or dates of service) 218-20-6508 Mr. Harry Lee Messick, Jr., Salisbury, Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute Pulm onary Infarction Hour IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF I6 Das Conditions, if any, which gave) Acute Myocardial Infarction rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclerotic Heart Disease Unic. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Obesity; Diabetes Mellitus Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YE\$ 177 Yes NO TT 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceosed from Man 28, 19 68, to Apr. Th. 19 68 hat (I) (we) last saw the deceased alive on April 13, 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. director, page should be filed PHYS. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Dr. G. Herbert Sembly 400 E. Church St., Salisbury, Md. 23d. 10CATION (City or Town) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) REMOVAL (Specify) April 16, 1968 Wicomico Memorial Park Salisbury, Wicomico, Maryland 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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(Type or print)	sono	0 14 VX	en	A	11455	A	ORIL Manth 3	Day /	Year &	124	3 N
3 5	EX	4. RACE	<u> </u>			S. DATE OF BIRTH		6 AGE (In years	1F UNDER		IF UNDER 24	
	MALE	WH	ITE			OCT.13,19	913	last biethday)	RS. MONTHS	DAYS	HÓURS	MIN.
7a	BIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTR	8 8	MARRIED	NEVER MARRIED		NTY OF DEATH				
(au	MARYLAND	U.	S.A.		WIDOWED	DIVORCED		comico				Mc
10	CITY OR TOWN OF DEATH		11. NAME OF HOS	PITAL OR INSTIT	UTION (If	nat in haspital 12a USU/	AL OCA	经验产费单点 价的可含	AU ILEG	KIND OF BI	ISINESS O)R
	Salisbury					ral Hospitt	99 ot	SHEEF SET TO	o. me	watci	or	
	USUAL RESIDENCE (Where design) STATE	eceased lived, if i	nstitutian Residei	nce befare	3c CITY O		G vo	13e. STREET AND NUMBER				
dull	MD.	136. 000	SOMERS	ET	RIN(CESS ANTE	0 📗	PINE ST.	J			
14.	FATHER'S NAME First	Mie	ddle	Last	- 1	S. MOTHER'S MAIDEN NAME F	First	Middle	}		Last	
	CLARENCE	MILES				ADA BUTLE	R					
16q	. WAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIA	L SECURITY NO	17	INFORMANT		Addres	s			
	res, no, or unknown) (If ye	CITY WOT OF dotes of sen	ncej		ME	RS ALLEN MI	LES	PRINCESS	ANNE	· NID)	
	18. CAUSE OF DEATH (Ent	er anly ane couse	per line for (a)-((b), ond (c).)				1		APPROXIMA BETWEEN ONS	TE INTERVAL	E ATH
	DAME & STATES SHAPE &				alu	e perster	- Cashla	<i>a</i> ,		4/2	16 X	,
	4000		, OR AS A CONSÉ							1-1-	-0	
	Conditions, if any, which gave)											
	stating the underlying couse OUE 10, OR ASA CONSEQUENCE OF											
	- 4	. 3.				O THE TERMINAL DISEASE ORG		1				
	/	Ai-ance		_			2	is open in race i(u)				
I SN		19b. CONDITION F				20g. AUTOPSY?	7928	206 IF YES, WERE FINDING	GS CONSIDER	ED IN CER	TIEVING	
CERTIFICATION	2/15/10	(2)	W lee		MILLO	YES NO Z	1	CAUSES OF DEATH?	DO CONDIDER	LD III CEK	THE PHILO	
FRT	210. ACCIDENT WAS UNDE	PIVING 1215 T	IME OF INJURY	no -	21. 1	SOW INJURY OCCURRED (Enter	·	of source in Dark 1 or Dark	2 (term 10	,		
	DR CONTRIBUTING CAUSE O	F DEATH HOUR	A.M. Manth I	Day Year	1210.1	IOW HOOK? OCCORRED (EIIIG	i lidibi è	or infort in call I or rai	z, nem 10	,		
MEDICAL	(If either, notify medical e	xominer)	P.M.	19	W 3 030 0							
_	21d. INJURY OCCURRED While Not while	21e. PLACE OF IN	JURY (DEFICE BUILD	NNG, ETC.	0.) ZIF 1	OCATION Street or R.F.D. No.		City at Tawn	Count	lγ	Sta	110
	at work at work								1.0			
	22o. I certify that (I)	(this hospitol) oftended the	e deceased	trom_			10,	19	, that (l) (we)) los
	couses stoted of	bove (I) (we)	(did) (did not)	view the bo	dv ofter	ia mai in (my) (our) opi death.	inion a	earn accurrea on the	aare ond	nouror	na iron	n the
	22b. SIGNATURE		0 ()	1 /	-, -, -, -,				22c DATE STO	NED/		
	X.	11 7	H.	. She	DEG		MED Director	STAFF D	4/0	1/65	7	
	22d. PHYSICIAN'S	and a	· / Le	7		22e. ADDRESS	111111111	11113	-///	<u> </u>		
	NAME (Type)		,									
230		23b. DATE	230	NAME OF CEA	METERY OF	R CREMATORY	23d. i	LOCATION (City or Town)	(Coun	ity)	(State)	
		475/196				MEMORIAL CE	1	. , ,		,,	. ,	
_							استعمالات المستوت		COLUMN TO THE REAL PROPERTY AND THE PERTY AN	ATALY S		

ADDRESS

WILSON PRINCESS ANNE, MD.

25g. REC'D BY REGISTRAR DATE APR 9

2Sb

REGISTRAR'S SIGNATURE

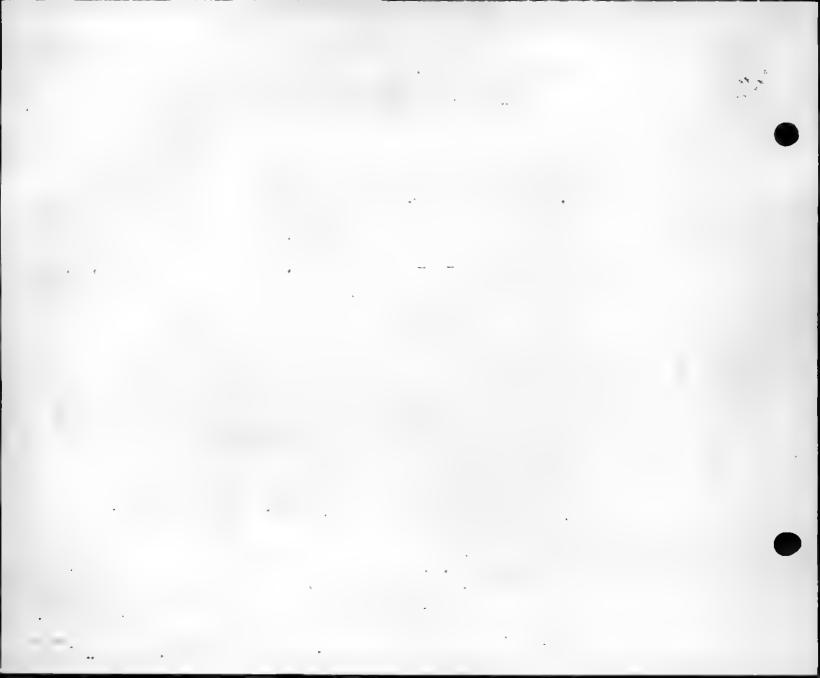
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Americal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages-Land 2 shauld be filed with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within/24 Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

FUNERAL DIRECTOR
LEVIN R.

. .

2-1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE (1)		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH-DERI	-	Defeated with	4355
		(Type or Print) Managanate B Munnage OF ESTI- 1, 28	68 /40
ay is 3 to Page	2.6	JAIN SIMILED F	
الم	3. 3	THE TAX TO CALL A REAL PROPERTY MONTHS DAYS HOURS MIN Month 1, Day 28	Year 19 68 54 M
2, 0 P.M Part	70	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	19 00 3 M
- E B		Delaware Selbyville WIDOWED DIVORCED Wicomico	
tate	10		KIND OF BUSINESS OR
hours after death tem 18 Give Pages Office along with far alond 2 with the State after death.		Salisbury Give Pendinsula General dung most of working is, even if retired Own	ustry r. home
s after 18 Give along along the 18 death.	130	OUSUAL RESIDENCE (Where deceased lived, if institution, Residence before 3c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 11d 13b COUNTY On a set of the lived of the state of the sta	
18 ce o ce o de ce o ce o ce o ce o ce o c	┕	Mus Worldester fattereys virtue was nouse i	
24 hours a lin Item 18 's Office al	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
TO CO WWW	1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
		Yes, no, or unknown) If yes give wer or dates of service)	
with per Exam Exam File 172	-	XX XX 219-34-3688 Olive E. Murray Malyville	APPROX MATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
xecuted nding" ir Medical I permit. it within		IMMEDIATE CALSE (o) Acute pulmonary edema	minutes
sit p		Conditions, if only, which gove) Out TO, OR AS A CONSEQUENCE OF	
f be d 'pe Chief ransit		r.se to .mmed.ore couse (o), (b) Officerite Congestive fields I aliure	months
al- al-		Storing the underlying coose	
he who he was to the buri		(c) Arterioscierotic cardio-vascular diseas	e years
This certificate stricts, writing the be forwarded to the used as a but or remayal, and it		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rriffi rand vard val,	<u>S</u>	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
its certific its, writin forward is used as removal,	CERTIFICATION	WAS PERFORMED?	YES TO NO
Th s ficate I be f	EE	216. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1.	
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M 19	0)
FNE Sha	SW SW	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City of Town Co.	ounty Stote
bical Examiner: lease execute the certifuctor Page 4 shauld stained far your files. Director: Page 3 snaur ta burial, crematian,		WHILE NOT WHILE of foctory, office building, etc.)	
ical Expectatory Page ed far) CTOR: Purial,		22a certify that I took charge of the remains described above, held an Autopsy 🔏 Inspection 🔏, Inquiry 🛣,	and in my opinion
buy buy		death resulted fram: Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner 🔲	
please of directared birectared birectared birectared		CHIEF MEDICAL EXAMINER	
4 2 . 0		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	
DEPUTY seessary, pl ee funeral of may be re FUNERAL II			29, 1968
O DEPUTY SIC. necessary, please ethe funeral director 5 may be retained O FUNERAL DIRECT Health priar to bu	<u> </u>	MARIC (type) 1109 Canden Ave., Sallsbury, Md Audress (sireer, city, fown, or county)	
5 5 5 5 E	230		inty) (Store)
	2,8	Surial 51/68 / / 2	
VR A15ME (5)		Tollar Marchael	an Indge
10M REV. 1/68	M	haley Funeral Home, Schyville, Del. DATE MAY 3 1968	10

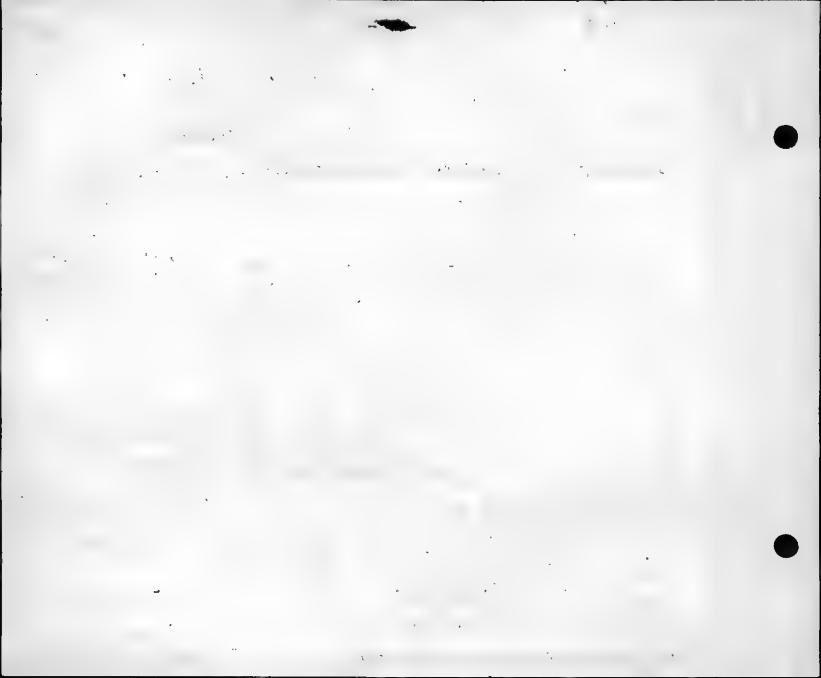


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME Fast. Middle Lost 20 DATE KNOWN Month Doy (Type or Print) ESTI-ADA B. NELSON DEATH MATED F UNDER 24 HRS 4 RACE 6 AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 3 SEX and 18 AA 3-23-97 Doy Yeor 7o B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TNEVER MARRIED 9 COUNTY OF DEATH (ountry) Wicomico WIDOWED [DIVORCED | ... rvland 8 Give Pages TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) Hebron Route 1 uomestic 130 USUAL RESIDENCE (Where deceased fived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER odm ssion) STATE Md. 13b. COUNTY Wicomico Hebron Route 1 in pencil in Item 1 l and 2 after 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Enluribus John ! dora Morris pages haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. be executed within (Yes, no, or unknown) 217_14-8317-A Gladys Palmer Spring Hill within 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY pending Coronary occlusion sudden MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove (h) Arteriosclerotic cardio-vascular disease vears rise to immediate couse (a). This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse € PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 210 EXTERNAL CAUSE WAS 21b. TIME OF IN, JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING SICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK 22a | certify that, I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X and in my opinion the funeral director death resulted from: Natural causes 🛪 . Accident 📗 Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY April 20, 1968 Royer) M.D. DEPUTY MEDICAL EXAMINER Camden Ave., Salisbury. 409 MENUNKEZZ(Zifeet, city, rown, or county) 0 230. BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Purisl St. Lark Rockswiking Licomica Ed VR A15ME (5) Clinton Stewart 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS RESTOR STREET, BALTIMORE, MARYLAND 21201 36350 LEKTIFICATE OF DEATH 20. DATE OF DEATH Last 2b. HOUR **DECEASED-NAME** First Middle Month (Type or print) 15 Edward DATE OF BIRTH YFAR IF UNCER 24 HRS 3. SEX 4. RACE AGE (In veors FUNCER lost bythdoy) HOLRS August 11,1884 9 COUNTY OF DEATH requires that the death certificate be executed within 24 hoer 7o. 8IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) New York papers Wicomico USA DIVORCED [WIDOWED [within 72 physician and campletely filled O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR General Hospitalost of working life, even if retired (Retired Elect. E INDUSTRY Salisbury Peringula carban Enaineer any event, 13o USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY JMITS? admission) STATE 13b. COUNTY NO T Mary land Salisbury YES remaye Wicomico 116 Isabella Street 14. FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First First Niemann Bernard Anna Boenau please 16b. SOCIAL SECURITY NO 17 INFORMANT (Wife) 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Addes bella Street 116 E. Adabella Stro Salisbury, Maryland Yes no prunknown) (If yes give war or dates of service) burial, crematian, ar remaval, 214-10-7944 Mrs. Mary Niemann, en APPROX MATE INTERVAL signed by the attending burial-transit permit. Th 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) all DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the Dept. of Health prior to 19c DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO F 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 215 TIME OF INJURY ā OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year . P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work at work 220. I certify that (1) (this hospital) attended the deceased from 19(M, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an... be retained couses stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED. ATTENDING MED. DEGREE director, page should be filed PHYS TO HOSPITAL Page 4 may b 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Dr. Wilber R. Ellis, Jr. Medical Center, Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (Stote) REMBYAL (Specify) 1968 Woodlawn Cemetery Bronx 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25g, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

VR A15 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14691				(ERTIFICA	ATE OF DEA	TH				\$ 15
		CEASED-NAME First		Middle		Last	2a	. DATE OF DEATH	-		2b. HOUR
(dear	(1	(Ype or print)	RVEY	JAMES	PAI	RKER .	JR.	APRIL Manth	/S	1968	1 AM
\2= \d	3. SI	X	4. RACE			. DATE OF BIRTH		6. AGE (In	years		IF JNDER 24 HRS. HOURS MAIN
the oge s af	1	Male	W	hite	4	lay 4, 18	97	last birth	YRS.	MUNIAS DAYS	MOUKS MIN.
\$ 100 mg		BIRTHPLACE (State or fareign	7b. CITIZEN OF WE	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 CO	OUNTY OF DEATH			
d in 72 h	canu	Maryland	USA		WIDOWED [- TA	Vicomico			Md.
a griff	10 (ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS	TITUTION (If nat	in haspital 12		CUPATION (Kind of w		125 KIND OF B	USINESS OR
wit w		Salisbury	Pe	ninsula	Genera	al Hosp	T t Bi	Retiréd B	retired)	Mason	
in the		USUAL RESIDENCE (Where decea		an Residence befare	13c. CITY OR T		OE CITY LIMITS?	13e. STREET AND N	JMBER	-	
eve eve	aam	ssion) STATE Marylanc	13b. COUNTY	Wicomico	Salish	oury YES	□ NO [□	208 Snow	Hill	Road	
o pi	14. 1	ATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN I	NAME First		Middle		Last
		Harvey	/ J.	Parker,	St.	E	mma		F.	Farlow	N
eos anc		WAS DECEASED EVER IN U.S. AR.		16b. SOCIAL SECURITY N	IO. 17. INF	ORMANT (Wife	e)	208 s	Address H	ill Road	1
n p vol.	Ľ	'es, na, arunknawn) (If yes give Yes War	was or dates at service)		Mrs			ker, Salis		Marylar	
ian. by the attending physician and completely filled in by the funeral transit permit. Then please remove carbon papers. Pages 1 Particle cremotion, or removol, and in ony event, within 72 haurs after deathered.		18. CAUSE OF DEATH (Enter or		ne far (a), (b), and (ε).)	,	^	٨				ATE INTERVAL SET AND DEATH
i.id.: 		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	Myocar	di El	Fula	rcti	ou			
afte erm on, (4109	. ,	S A CONSEQUENCE OF		, 1	15	1			
sit p		Canditions, if any, which gave		#/I . t_m .	sclen	rotid	15Ea	rt D	i Scens	e	
by ran	ŀ	rise to immediate cause (a), stating the underlying cause	DUE TO, OR A	S A CONSEQUENCE OF					-		
sicio al-tra		last. 1/2/11	(c)								
physician. signed by the burial-transit burial, cremoti		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO	HE TERMINAL DISEA	SE ORCONDIT	TION GIVEN IN PART 1	(a)		
to to	<u>~</u>	Hiatus	JERNI	à							
ottending hos been se os the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		20b IF YES, WERE		ONSIDERED IN CER	TIFYING
o = 8 =						_	NO [2]:	CAUSES OF DEATH?			
he hospital or of this certificote ho etached for use Dept. of Health		21 a. ACCIDENT WAS UNDERLY!	177774 1	INJURY Manth Day Year	21c. HOV	/ INJURY OCCURRED	(Enter natu	ire of injury in Part 1	ar Part 2, I	tem 18.)	
きをうち	MEDICAL	(If either, natify medical exam	iner) P.M.	. 19							
hos arhe	×	21d. INJURY OCCURRED 21e While hat while at wark	. PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	ATION Street ar R.	F.D. Na	City ar Tawn		County	State
					i	0 0		1 .			
be the		22a. I certify that (I) (th	ric hospital) atte	nded the decease	d from C	CALLER	196Z		ZS, 19	68, that (l) (***) last
Ped Sed		saw the deceased of causes stated abov	e (1) (wet (did)	(Hidnes) view the	nady after de	mar in (my) (o v ath.	r) apinian	death occurred o	in the dat	re and haur a	nd fram the
retained by the hos ECTOR: After this ce 3 should be detache with the State Dept.	l	22b. SIGNATURE	97 (7 (-) (-10)	// 6	, , , , , , , , , , , , , , , , , , , ,				22c [ATE SIGNED	
be retained by t DIRECTOR: After ge 3 should be led with the State		Thou	us C	· Hell	DEGREE	ATTENDING PHYS.	MED DIRECTO	OR STAFF [] 4	-15-6	8
		22d. PHYSICIAN S	1	, X'		22e ADDRESS	0.1	1 0 1	0	1 1	01
4 P P P		NAME (Type) Dr. T	homas C.	Hill, Jes		Vine	1914	1 Kood	00	lisbur	4 MG
Poge 4 moy or FuneRal director, pa should be f	23 a.		DATE	23c. NAME OF	CEMETERY OR C	REMATORY	230	LOCATION (City or T	awn)	(Caunty)	(Stote)
5 5 2 4 A		REMOVAL (Specify) Ap	ril 18,19	968 Wicomi	co Memo	rial Par	k Ś	alisbury.	Wico	mico.Mar	vland
VR A15 (4)	24.	FUNERAL DIRECTOR HOLLOWAY & CO		ADDRESS	MARYLAN	25a.	REC'D BY REG	SISTRAR 256 R	EGISTRAR S	S GNATURE	ARP.
30M REV 1768		TUTLLUMAT & CO	MULANT 9/	HLISDUKI.	MAK TEAN	U DATE	TP-K	i a labb	- Krook	THE PARTY OF	



FOR STATE HEALTH DEPT. Rage 2, and 3 ta y dellay is

P.M.3

State Deput necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, the funeral director Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained far yaur files. T**O FUNERAL DIRECTOR**: Page 3 shauld be used as a burial-transit permit File pages 1 and 2 with the p Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

This certificate slauld be executed within 24 hours after dooth

DICAL EXAMPLER:

THE DEFENTY

		49 16	MEDIC	AL EXAM	INER'S	CERTIFICATE	OF DE	ATH			5 1	
	DECEASED NAME	First		Midd	le	Last		20	DATE KNOWN	Month	•	26 HOUR
,	Type or Print)	HORA	CE	ROBEI	RT	PARK	ER		OF ESTI-	4/11	4 1968	M
3 5	Ma1e	4 RACE White	S DATE OF BIR	15,192	6 AGE (In years last birthday) 46 YR	MONTHS DAYS	FUNDER 2	MIN	DATE PRONOUNCED Month	DEAD Pey	Year 368	2d HOUR
	BIRTHPLACE (State		CITIZEN OF WH	AT COUNTRY?	8. M	IARRIED NEVER M	ARRIED		OF DEATH			
	™Maryla		USA		WI	DOMED 🔲 DIA	VORCED 🔣	WICO	MICO			Mo
	CITY OR TOWN OF	ury	90° 5	treet address)	ty Stre	ON (If not in hospite	during	mast of wa	ATION (Kind of wo orking life, even if i ainter	retired.)	126 KIND OF BUSI Industry	NESS OR
130	USUAL RESIDENC admission) STATE	E (Where decease Maryland	lived, if institu 13b COUNTY W	icomico	before 13c. (1)	ry or town	AEZ 🗗 W	[STREET AND NUMI		treet	
	FATHER'S NAME	First	Middle		Lost	IS MOTHER'S M.	AIDEN NAME	First		idle	Last	
		James	Benja	amin 📑	Parker			Irma	E11	en	Twi 1	1ey
	WAS DECEASED EV Yes, no, or unknow Yes	ER INUS ARMED FO	PR(ES? or or detes of service) II	166 SOCIAL SECU		17 INFORMANT(m Mrs. Irm					Liberty Maryland	
		DEATH (Enter only	one couse per la								APPROXIMATE I BETWEEN ONSET	INTERVAL
		EATH WAS CAUSED		±	Raw	page-	umn	ria			BEIWELT GROET	AND DEATH
	481		. ,	AS A CONSEQUE	NCE OF /							
		ny, which gove	(b)		6							
	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	lost -	,	(c)									
	PART 2 OTHER 5	SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BU	JT NOT RELATE	D TO THE TERMINAL	DISEASE OR C	ONDITION G	EVEN IN PART 1(0)			
Z	4, X											
CERTIFICATION	19a DATE OF O	PERATION		19b. CONDITION WAS PERFO		PERATION					2D AUTOPSY	
MEDICAL CER	210 EXTERNAL OF PRIMARY OF DEAT	R CONTRIBUTING			ay, Year	21c HOW INJURY (OCCURRED (Ent	ter nature a	f injery in Part + or	r Part 2, ite	m 18)	
ME G	21d INJURY OCC	JRRED 21e PL	ACE OF INJURY (At hame, tarm, s		21f LOCATION Stree	et ar R.F.D. Na		City or Town	-	County	State
	WHILE MY	T WHILE TO TOUTH	ory, office building	g, etc.)								
			ok charge of th	he remains de	scribed abo	ve, held an Aut	tonsy [Y]	Insper	ction X, Inc	quiry X	, and in my	/ aniniaa
		sulted fram:		es X A		Suicide,	Hemicid	e 🔲,	Undetermined a	, , , , , , , , , , , , , , , , , , , ,	,	ориноп
	ACTUAL SIGNATURE	Kilia	ia	eishe	V		rief medical i Ssistant medi			226 DATE S		1.5
	EXAMINER'S NAME (Type)		Tip A. Main St			-	EPUTY MEDICAL DDRESS(Street,			April	4-15/19	68
230	BURIAL, CREMAT	[ION, 23b [ATE	23c NA	ME OF CEMETER	RY OR CREMATORY		23d 10	CATION (City or Tow	vn)	(County) (St	ote)
	REMOVAL (Speci	fy) Apr	il 17.1	968 n dd	Fello	ws_Cemete	rv	S	eaford			aware
24	FUNERAL DIRECTO			7 - 01 000	ADDRESS	- Como Co		BY REGIST	RAR 25b RE	GISTRAR S SI	IGNATURE	
	HOLLOWA	Y & COMP	ANY, SA	LISBURY	, MARY	LAND	DATEAP	R 17	1968 /	Clar	cas Jung	~

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 56358 1. DECEASED-NAME Middle Lost 2g. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours after death burial-transit permit. Then please remave carban papers. Pages 1 and 9 burial, cremation, ar remaval, and in any event, within 72 haurs after death (Type or print) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and Month 4. RACE 3. SEX IF UNDER 1 YEAR 6. AGE (In years last butbalay) 28.191 October 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 1 NEVER MARRIED country) Wicomico WIDOWED DIVORCED [Delaware 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Hospital working life even if retired) Salisbury General 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 38 INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b COUNTY & YES IX Selbyville, Sussex Selbyvil 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Elizabeth Pepper Pepper Sr. Edward 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) I (III yes give wer or dates of service) Berlin, Md. 221-09-2805 Gordon Pepper 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit shauld be filed with the State Dept. af Health priar ta burial, cremati rise to .mmediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [Page 4 may be retained by the hospital ar 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year If either, natify medical examiner) AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19 0, 19 0, to 4-20, 19 do, that (I) (we) last saw the deceased glive an. 19 3 and that in (my) (aur) apinion death occurred an the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR DEGREE 22d, PHYSICIAN'S Medical Center, Salisbury, Md. NAME (Type) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Roxana Cemetery Roxana, Sussex, 25o, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE EUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ,6359 DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) DREDERICK 0. PORTER 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years logt_birtledgy Male White law requires that the death certificate be executed within 24 hours. 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8. MARRIED T NEVER MARRIED country) signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers Wa-WICOMICO DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Deer sirestoddessie ad State Hospital during most of working life, even if retired) INDUSTRY Salisbury 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c, CITY OR TOWN 3e, STREET AND NUMBER Maryland Talbot RFD #2, Box 152 Trappe 14. FATHER S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO 17 JAFORMANI Address Yes, no, or unknown) crematian, ar remaval, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY Bronchopneumonia days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(Page 4 may be retained by the haspital ar attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0) Acute pyelonephri-O FUNERAL DIRECTOR: After this certificate has been far use as the Health priar ta Osteomyelitis following status postoperative reduction frac. left hip. 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do. AUTOPSY? CAUSES OF DEATH? YES 🖅 NO 🗌 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I **certify** that (X) (this hospital) attended the deceased from January 23, 19,68, to April 10, 19,68, that (IX(we) lost saw the deceased alive an April 10, 19,68, and that in (Xy) (aur) apinion death accurred on the date and haur and from the couses stated above, (we) (did) (didy get) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 4/10/68 Mary Land 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Deer's Head State Hospital. Salisbury directar, NAME OF CEMETERY OR CREMATORY ADDRES VR A15 [4] 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost First 20. DATE OF DEATH 2b. HOUR death (Type or print) MYRTLE CULVER ROBINSON law requires that the death certificate be executed within 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years HOURS Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYDELAWARE signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. U54 WIDOWED [T] DIVORCED [WICOMICO 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp-tol 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during prost of working life, even if retired) give street oddress) INDUSTRY Deer's Head State Hospital Salisbury HOUSEWORK 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Mary Land Wicomiy Mardela Spring Grove Road 14. FATHER S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First EARN 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 212-09-771 HARR ar remaval, TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: Cerebral vascular accident Hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Neurological disease - undetermined etiology 18 months burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the b f Health priar ta b Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO IT of Health 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) PM. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (A) (this hospital) attended the deceased from September 11, 19, 67, to April 15, 19, 60, that (4) (we) last sow the deceased alive an April 15, 19, 60, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (A) (we) (did) (d'd'pot) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. STAFF PHYS. և/15/68 DEGREE director, page should be filed Maryland 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Deer's Head State Hospital,

23d_LOCATION (City or Town)

Salisbury,

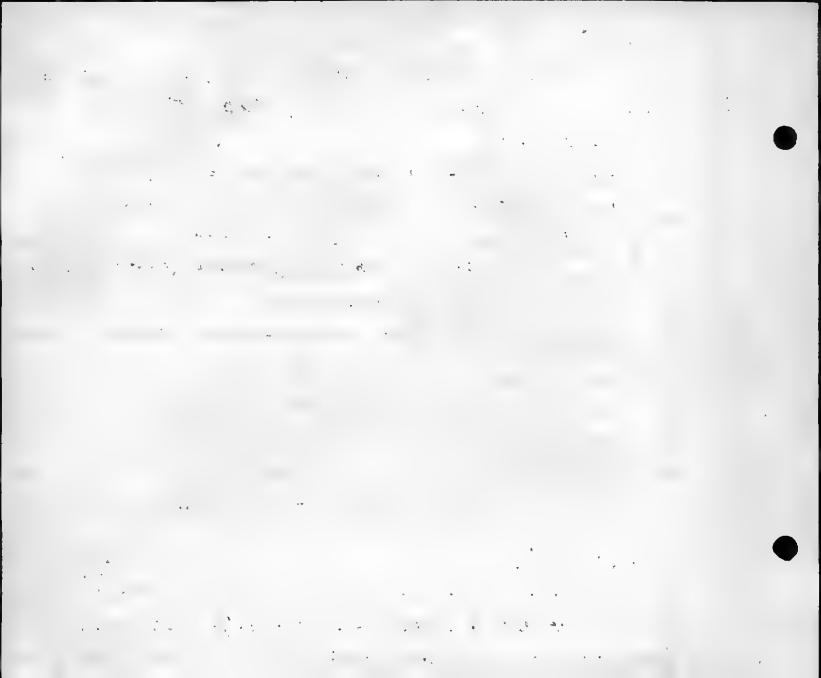
(Stote)

(County)

C. Mitchell. M. D.

VR A15 (4) 30M REV, 1/68-

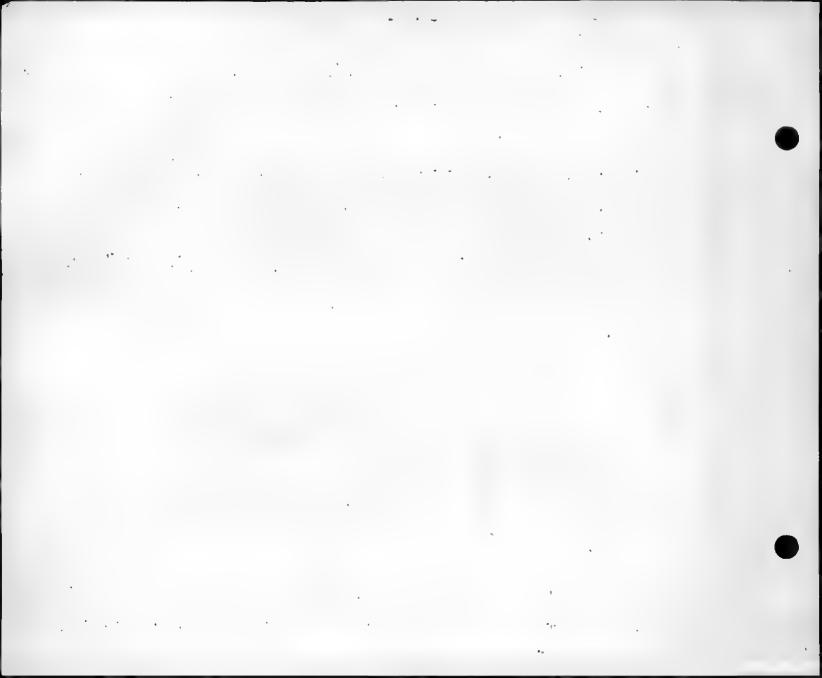
FUNERAL DIRECTOR



		00000	DIAISION OF A		W. PRESTUR STREET, D		CIDAND ZIZUI		5.31 ap
- 1		00355		CER	TIFICATE OF DEAT	Н			2
		(EASED-NAME yoe or print) Jo Hi		HOWARD	RYAN	20. DATE OF		1988	2b. HOUR 8 P. M
	3 SE	MALE		HTE	s date of Birth	1912	56 YRS.		F UNDER 24 HRS. HOURS MIN
	7a. B caun	IRTHPLACE (State or foreign try) Maryland	7b. CITIZEN OF WHAT	"	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF Wico	DEATH		Md.
1		ITY OR TOWN OF DEATH Salisbury	II NAM	E OF HOSPITAL OR INSTITUTE OF HOSPITAL OR INST	TION (If not in hospitor 12a eneral Hospia		(Kind of work done life, exem (fretired) er & Operat	126 KIND OF BUIND USTRY	isiness or cking &
*	13a. admi:	USUAL RESIDENCE (Where deceders STATE Maryland	I I I C C C C	Paridones hafara 112c		C TY JANITS? 13e. ST	REET AND NUMBER + Washingto		
	14. E	ATHER'S NAME First	Middle	Last	IS MOTHER'S MAIDEN NA		Middle		Last
		Jonath		Ryan	117 1150711117	Muriel		Robe	
	16a. Y	WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give NO.	MED FORCES? wor or dates of service)	66. SOCIAL SECURITY NO. 220-10-9895	17. INFORMANT (Wife) Mrs. Marion () 4: 1. Ryan (24 Washingt Salisbury.	on St. Marylan	d
		18. CAUSE OF DEATH (Enter o		for (a), (b), and (c).)	1		-	APPROX.MA BETWEEN ONS	
		PART I. DEATH WAS CAUS	IATE CAUSE (a)	Arcinoni	· lung			6we	2143
		Canditians, if any, which gave	,	A CONSEQUENCE OF	•				
		rise ta immediate cause (a),	(b)	A CONSEQUENCE OF					
		stating the underlying cause last.	(c)	A CONSEQUENCE OF					
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTION	NG TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART I(a)	-	
	N	1 - 1							
X	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICE	OPERATION WAS PERFOR			YES, WERE FINDINGS CO OF DEATH?	NSIDERED IN CER	TIFYING
	DICAL CER	21a. ACCIDENT WAS UNDERLY! or contributing to cause of De. (If either, natify medical exam	HOUR A.M.	Manth Day Year 19	21c. HOW INJURY OCCURRED		ry in Part 1 ar Part 2, It	tem 18.)	
	ME	Willie Highwille			21f. LOCATION Street ar R.F.C		ar Tawn	County	State
		22a. I certify that (I) (t saw the deceased causes stated above	his haspital) atten alive an e (l) (we)(did)(d	ded the deceased f	rom, and that in (my) (aur) y after death.	apinian death i	accurred an the dat	that (l) (we) last ad fram the
		22b SIGNATURE	l/ar		DEGREE PHYS	MED DIRECTOR	STAFF 22c. D	il 22,	
1		22d. PHYSICIAN'S Dr.	E. Kent Ca	rney	22e. ADDRESS Medical	Center, Sa	lisbury, M	aryland	
1	23a.	DD44-4441 (D 41 4	DATE ril 24,196		TERY OR CREMATORY Memorial Cemete)	ON (City or Town) 1a, Wicomi	(County)	(State) y 1 and
2	24.	FUNERAL DIRECTOR		ADDRESS	2Sa. RE		9886 REPORTE		
68		HOLLOWAY & C	OMPANY, SA	TI2ROKA, WE	ARYLAND DATE "	V	0	U	<i>L</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital or attending physician.

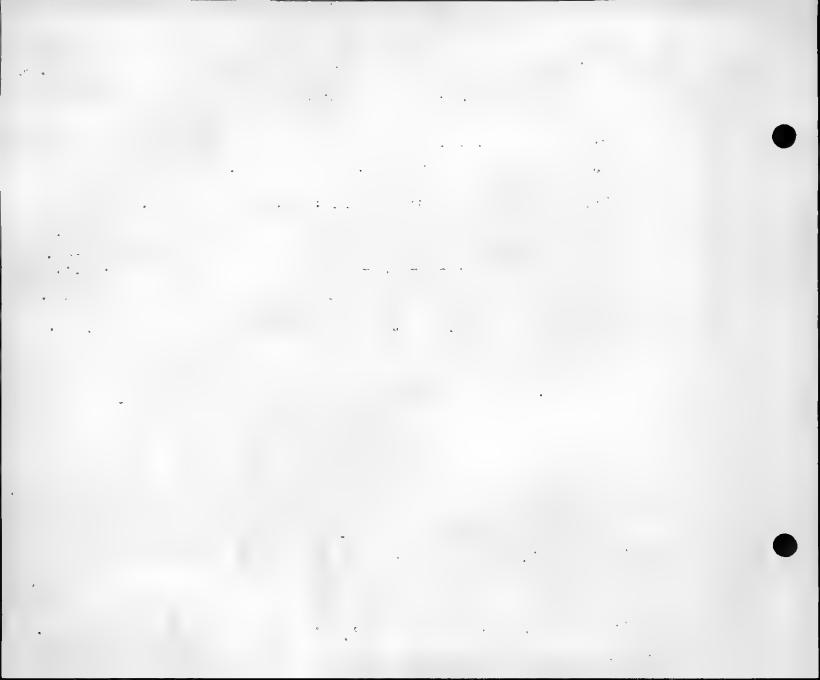


255 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECFASED NAME First M. didie 20 DATE KNOWNE Lost Year (Type or Print) ESTI-SHORES EDITH 3 to DEATH MATED ny delay IF LINDER 24 HRS IF UNDER 1 YEAR DATE PRONOUNCED DEAD 3 SEX 4. RACE S DATE OF BIRTH AGE (in years pub lasybipholoy) ZINOR 19 68 12-22-02 Year lond 2 with the State Deportm 19 F M 7c BIRTHP ACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9 COUNTY OF DEATH Office along with form country) Penna. USA in Item 18. Give Pages 1, Wicomico WIDOWED [DIVORCED [TT 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 24 hours after death 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Salisbury General 130. USUAL RESIDENCE (Where deceased lived, it institution. Residence before/13c CITY OR TOWN 13d. INS DE CITY (IM-TS? 13e. STREET AND NUMBER death admission) STATE 13b. COUNTY Somerset Wenona Box 47 YES 🙀 NO 🦳 ofter Middle IS MOTHER'S MAIDEN NAME Ferst 14 FATHER'S NAME Lost Lew is Lasker Harry Sarah **Examiner's** pages hours 17. INFORMANT 166, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS pencil be executed within (Yes no, or unknown) Martin Shore. Wenona, Maryland unknown E APPROXIMATE INTERVAL .⊆ within CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH be forwarded to the Chief Medical pending" PART 1 DEATH WAS CAUSED BY occlusion Coronary hour IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Arteriosclerotic cardio-vascular disease rise to immediate couse (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 be used 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO IX 3 should 1 Ö 21g EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Page 4 should PRIMARY [] OR CONTRIBUTING [HOUR A.M SICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (ounty Stote Poge factory, office building, etc.) NOT WHILE AT WORK buriol 220. I certify that I took charge of the remains described above, held on Autopsy [Inspection X Inquiry ond in my opinion Natura couses X death resulted from: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... O DEPUTY April 20. 1968 EXAMINER'S Earl Royer DEPUTY MEDICAL EXAMINER X Health Md applicass(street, city, town, of county) Salisbury, 0 230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) REMOVAL (Specify) 4/24/68 Som. Md. St.Paul's Cemetery Wenona Burial 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Deal Island. Md. Funeral Home, DATE 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

	١	1.000;		EKTIFICATE OF DEATH		13.1
deoth		CEASED-NAME First WELFORI) Middle	SIMS	2a. DATE OF DEATH APRIL Month 26 Day	68 year 3:35p
	3 SI	X Male	4. RACE Colored	5. DAYE OF BIRTH	6. AGE (In years last Brithday) YRS.	IF JNDER 1 YEAR IF JNDER 24 HRS MONTHS DAYS HOURS MIN.
ent, within 72 hour	(gul	BIRTHPLACE (State or foreign http://www.ntry) Maryland ITY OR TOWN OF DEATH SALISBURY	7b CITIZEN OF WHAT COUNTRY? U S A 11 NAME OF HOSPITAL OR INS' give street address) DEFR	8 MARRIED NEVER MARRIED WIDOWED DIVORCED TITUTION (If not in haspital SHEAD	9. COUNTY OF DEATH WICOMICO SUAL OCCUPATION (Kind of work done mass of working life, even if retired.)	M 12b. KIND OF BUSINESS OR INDUSTRY
event,	adm	ssion) STATE Laryland	d lived, if institution. Residence before 13b. COUNTY or chester	13c CITY OR TOWN 13d INSIDE CITY Cambridge YES	NO Pine 15t.	
, and in any ev	14	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Last
	160	Uames WAS DECEASED EVER IN U.S. ARME	D FORCES? [16b. SOCIAL SECURITY N	O. 17. INFORMANT	Address T)	Jackson hila-Pa.
			or dates of service.		ekerson 339 Wis	
1		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	ane cause per line far (a) (b), and (c).) BY ACUTE CUROL E CAUSE (a)			APPROX MATE INTERVAL BETWEEN DISET AND DEATH 3 Hrs.
		Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF GENERALIZED	D ARTERIOSCLEROSI	S	4 Yrs.
		rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
	N	4201 B.	LATERAL AMPUTEE	OT RELATED TO THE TERMINAL DISEASE O		
2	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PER	YES NO		
	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING ☐ or contributing ☐ cause of death (If either, natify medical examine	HOUR A.M. Manth Day Year P.M. 19		nter nature of נווין in Part I ar Part 2, 1	tem 18.)
	W	at wark at wark	PLACE OF INJURY (AT MOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			County State
		in becaused at was	s haspital) attended the decease ve an1' (1) (we) (did) (did not) view the b	9 and that in (my) (our) or	opinion death occurred on the da	<u>.</u>
		226, SIGNATURE CICLOS	Hornica	DEGREE PHYS	MAED STAFF DIRECTOR PHYS. D	DATE SIGNED
1		22d. PHYSICIAN'S NAME (Type)	L	22e. ADDRESS		
	23a	BURIAL CREMATION, 23b DA		cemetery or crematory quin, Mimetery	23d LOCATION (City or Town)	(County) (State)
1/68	24	FUNERAL DIRECTOR	A ADDRESS	Ar Par Date	D BY REGISTRAR 25b REGISTRAR S	SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First M. ddle Lost 2n DATE OF DEATH 2b HOUR (Type or print) 1661 4. RACE SE SINDER 1 YEAR JE UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (n years lost birthdoy) ZHTMOM HOURS law requires that the death certificate be executed within 24 havr 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TI NEVER MARRIED country) Wicomico DIVORCED [WIDOWED IS the attending physician and compresery may sit permit. Then please remove carbon paper physician and completely filled event, within ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dene 12b. KIND OF BUSINESS OR Salisbury Reminiendos 11 a General Hospintands of working life, even if retred) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR JOWN 13d. INSIDE CITY JAMES? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🔀 NO F and in any 14. FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (III yes give war or dates of service) Yes, no, or unknown) ar removal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lipe) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o crematian, DUE TO, OR AS A CONSPOUENCE OF Conditions, if any, which gove: burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial RELATED TO THE TERMINA CONDITIONS CONTRIBUTING TO DEATH BUT NOT SEASE OR CONDITION GIVEN IN PAR as the O FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? use Health | YES [NO [be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 뒛 P.M. (If either, natify medical examiner) be detached directar, page 3 shauld be detache shauld be filed with the State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION OFFICE BUILDING ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. Na. City or Town Stote County While Not while at work 22a. I certify that (1) (this hospital) greended the deseased from... saw the deceased alive on that causes tated above (1) (we) (did not) new the bady after death. and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME-OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23b. DATE 23d ADCATION (City or Town) (County) (Stote) MOVAL (Specify 24. FUNERAL O'RECTOR 250. REC'D BY REGISTRAR VR A15 [4] 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

NA	1		CERTIFICATE OF DEATH										06360			
SEY.	/		CEASED-NAME	First				Last 2a. DATE OF DEATH				D	v	2b HOUR		
8	\	- {1	ype or print)	Willie		Lewis		Wagstaff			April	27	1968	2:55PM		
- Table 1	/	3 SE	Х		4. RACE			S. DATE OF BIRTH			6. AGE (In year	rs	F JNDER 1 YEAR	IF UNCER 24 HRS HOURS MIN.		
Pog urs o			Male		C	olored		Novemi	ber 2,	1891	last buthday	YRS.	MUNITS ONLS	HODES INTE		
0.00			SIRTHPLACE (State of		b. CITIZEN OF WI	IAT COUNTRY?	8. MARRIE	D 🔀 NEVER MARRIED	9	COUNTY OF	DEATH					
pers 72 ł			Worth Car		USA		WIDOWE	LJ			icomico			Md.		
	01	10. C	ITY OR TOWN OF DE		11 N/	ME OF HOSPITAL OR INS	TITUTION (I	f nat in haspital			(Kind of work life even if ret		12b KIND OF INDUSTRY	BUSINESS OR		
bon	71		Salisbu			treet oddress) ertsHeadSt					life, even if ret il Mine		Coal	lining		
car		13a admi	USUAL RESIDENCE (N	Where deceased	I lived, if institut	on: Residence before		or fown 13d. ela Sprint	INSIDE CITY EIMIT	100	REET AND NUMB					
can gove	200					7	Maru				R.F.D.					
rem	- 1	14. 1	ATHER'S NAME	First	Middle	Last		IS. MOTHER'S MAIDE	er investes		M.d len name		lenores.	Last		
ase nd II	,	16-	WAS DECEASED EVE	be Wag		16b SOCIAL SECURITY I	in II	INFORMANT	7 2311110	(marc	Add		KHOWH)			
Ple I		100. Y	es, nazer zach eze	(If yes give war	or dates of service}	232-12-49		Mrs. Mabl	le Was	staff.			prince	Md		
ne u			10 44705 05 05	711 /5-1		5 (1.0)					110200		APPROXII	AATE INTERVAL		
by the attending physician and campletely thea in by it cransit permit. Then please remove carbon papers. Pac crematian, ar remaval, and in any event, within 72 hours			PART I DEATH	I WAS CAUSED	BY-	ne for (a), (b), and (c). Acute Pull		- Pubalua					1 H	NSET AND DEATH		
rmil rmil			4 64 11	IMMEDIAT		S A CONSEQUENCE OF	MOliat	A Emporas					J. 11	4. —		
t pe a			Conditions, if ony,	which gave)	DUE TO, OK A	Generaliz	ed Ar	terioscle	msis							
ny tr			nse to immediate stating the under		DUE TO, OR A	S A CONSEQUENCE OF	04 -44	002 12011 012 0								
signed by the attendit burial-transit permit. burial, crematian, ar re			last.	rying couse	(c)											
sign Suric			PART 2 OTHER SIG	NIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DIS	SEASE OR CO	IDITION GIVEN	I IN PART 1(a)					
he to t		*	7			Anthracos	is									
s be os t rior		CERTIFICATION	19a. DATE OF OPERA	TION 196. CO	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY	?		YES, WERE FIND OF DEATH?	INGS CO	NSIDERED IN CE	RTIFYING		
se se		RIF						YES 🔀	NO 🗌							
this certificate has been letached far use as the Dept. of Health priar to			21a. ACCIDENT WA			INJURY Manth Day Year	21c	HOW INJURY OCCURR	RED (Enter n	ature of injur	y in Part 1 ar F	art 2, It	em 18.)			
af f		MEDICAL	(If either, notify m	edical examine	r) P.M	19										
uter this certi be detached State Dept. af		×	21a. INJURY OCCUI While Not whi	RED 21e. P e	LACE OF INJURY	AT HOME, FARM, STREET FAC OFFICE BUILDING ETC.	TORY,) 21f.	LOCATION Street or	R.F.D. Na.	City	ar Taws		County	State		
te Det			at work at work	, 🗀 1	1 '4 15 46	1 1 11 1	17	5 /54 /68	10	40 /1	127168	10	AL-A	/// / 1		
Affer I be d State			220. I certify 1	inot (I) (This leceased al i:	nospitol), otti	ended the deceose	ed from_ 9	ong that in (my) (, 19 'our) opini	, 10 <u>4,</u> on deoth o	occurred on t	_, <u>17_</u> he dot	e and hour	(i) (we) lost		
			couses sto	oted obove,	(I) (we) (did)	(did not) view the	body ofte	er deoth.								
		L,	22b. SIGNATURE	10		0 17	-	ATTENDING	☐ MEI		STAFF 1		ATE SIGNED			
ed ed			Merle	77 11 S	- My	Carrie 4	DI	GREE PHYS		ECTOR 🗆	PHVS.	A	oril 27	, 1968		
S po e	-		22d. PHYSICIAN'S NAME (Type)	Chanal	 ਕਰੂਬ, ਯੂ:	innacott,	M_D_	22e. ADDRESS Box	2018.	Salis	bury, 1	d.	- 21801	,		
el d'in	- [DUDIAL COLAMATION					OR CREMATORY			IN (City or Town		(County)	(State)		
o runekal bike director, page 3 shauld be filed v		230	BURIAL, CREMATION REMOVAL (Specify)	,	y 3, 19			Cemetery			4. /	,	, ,,	(3(0)8)		
- ([X	24	FUNERAL DIRECTOR	, ,	1	/ ADDRESS			MAY	REGISTRAR	sbury.	TRARSS	FGNATURE			
VR A15 (2 30M REV. 1	/68		from Traw	ptom/1.	tederals	bury hory a	4		MATE	3 19	168 20	lean	LE Con	Car		

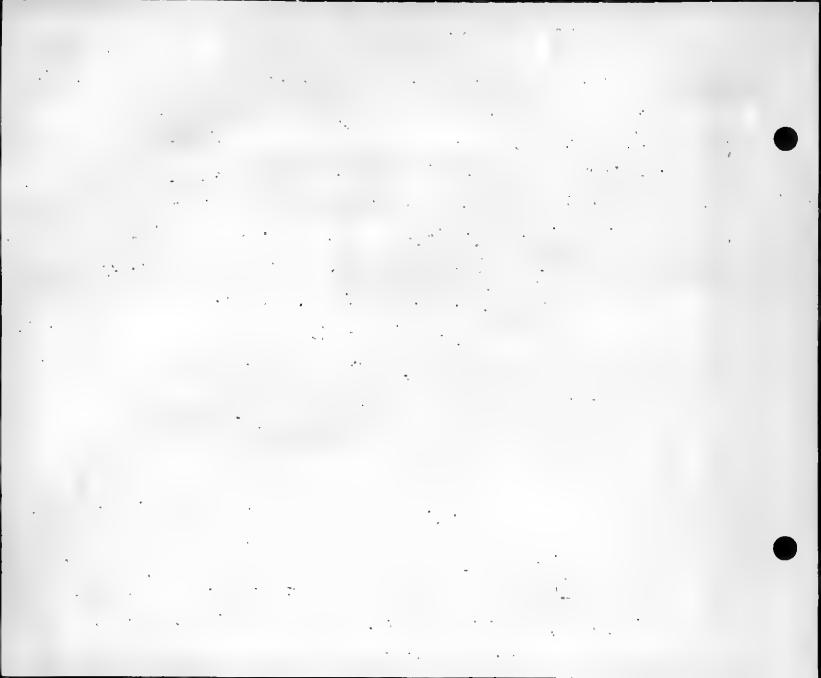
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after detacted.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2n. DATE OF DEATH 1. DECEASED-NAME First 24 haurs after death. Month (Type or print) Yeor 6. AGE (In years IF LINDER YEAR IF UNDER 24 HRS 3 SEX last birthday) MONTHS DAYS HOURS 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED country) Wicomico DIVORCED WIDOWED' 120 USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within INDUSTRY Hosbital of Salisbury the attending physician was seen in the carboi or remaval, and in any event, 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY odmission) STATE Middle Middle 14 FATHER'S NAME 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no prounknown) 1B. CAUSE OF DEATH (Enter only one couse peg line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) crematian, Conditions, if ony, which gove) burial-transit rise to immediate couse (o), signed by DUE TO, OR stoting the underlying couse burial, ı PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT # OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN as the prior to b be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? ed for use of Health p YES 🗍 NO F 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. be detached 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Stote 21d, INJURY OCCURRED Street or R.F.D. No. City or Town County While Not while at work eceased from 19 and that in (my) (acc) apinian death accurred an the date and have and from the 22a 1 certify that (1) (this hospital) attended the saw the deceased alive anshauld causes stated above (I) (val) (did) (drd aut) view the bady after death 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S director, po NAME (Type) 23b. EOCATION (City or Town OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION DATE -12 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE APR 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RALTIMORE, MARYLAND, 21201

	30262	CERTIFICATE		LI, DALIMORE, MARIE	~ · .							
	PLACE OF DEATH		a STATE	P COTIN	on: Residence before admission)							
	ili comi co	MARYLAND	Maryland Licomico									
	b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	write RURAL and give necrest town) Salisbury		Salisbury									
	d NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS e IS RESIDE ON A FAR									
	128 Second St.		128 Second St. YES NO									
	NAME OF First	Middle	lost	Doy Year								
	DECEASED (Type or print) Emme	М.	allace	OF DEATH Appil	8,1968 19							
_		MARRIED NEVER MARRIED B	DATE OF BIRTH	10.000	IF UNDER 1 YEAR IF UNDER 24 HRS.							
			April 9,18	885 82 birthdoy)	Months Doys Hours Min.							
100	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County)	& State, or foreign country)	12, CITIZEN OF WHAT COUNTRY?							
	House hife	INDUSTRY	"a nular	a d	II S -E							
13 FATHER'S NAME												
	William Church		Mary Chu	irch								
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		FORMANT	Addre	\$5							
(Ye	(Yes, no, or unknown) (If yes give wor or dates of service)											
=	18. CAUSE OF DEATH (Enter only one couse po		nthony Bur	1115, 128 -3 0	INTERVAL RETWEEN							
	PART I DEATH WAS CAUSED BY	if fine 102 (0), (81 (00-1))	1	bles to	ONSET AND DATH							
	IMMEDIATE CAUSE (0)											
	DUE TO											
	Conditions, if ony, which gove) (by	1 porde	01 //1	10-12 5ck	carsen the delle							
		e to immediate couse (a),										
	stoting the underlying couse											
	<u> </u>											
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?							
AT.					YES NO							
Ĭ.	200 ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED. (1	Enter nature of injury in F	ort I or Port II of item IB.)								
E	OR CONTRIBUTING ☐ CAUSE OF DEATH	·		•								
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY MEDICAL EXAMINER)	2004 HULLING OCCUPATES AND PLACE	C OF HUMBY (I)	(Fam. 4.3)								
ĕ	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)							
S	p.m. 19 of work of while of work											
	21. I certify that (I) (this hospital) ottended the deceased fram 1/4, 19 20 to 1969, that (I) (we) last											
	saw the deceased alive on	19 60 and that	death occurred at	M, from causes	and on the date stoted above							
	220 SIGNATURE		ATTENDING /	MED _ STAFF _	22b. DATE SIGNED							
	& tun	M.D.	. PHYS	MED STAFF DIRECTOR PHYS.	19 UN 68							
	22c. PHYSICIAN'S NAME (Type)	ne11 111	220 ADDRESS	Main ST.	Calibra Mal							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the ottending physician and completely filled in by director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove corbon papers / should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

24. FUNERAL

23a.

BURIAL, CREMATION, REMOVAL (Specify)

DIRECTOR

Green ADDRESS Acre

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S

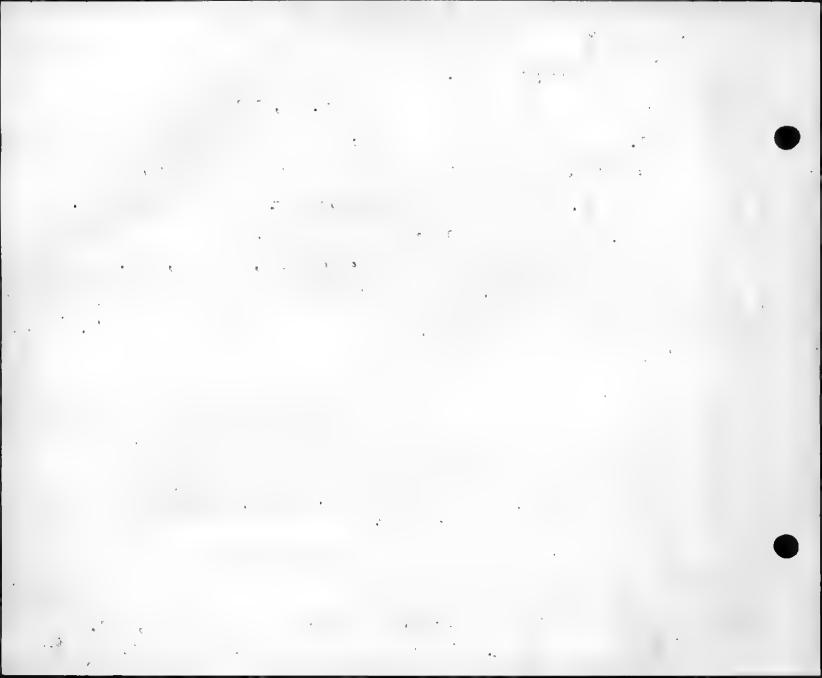
(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6.362 3633 CERTIFICATE OF DEATH Middle last 20. DATE OF DEATH 2b. HOUR **DECEASED-NAME** First O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after douth (Type or print) Month physician and campletely filled in by the funeral on please remave carban papers. Pagys? and ě SAMUEL GARDNER WHIDAINER S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE MONTHS DAYS HOURS lost birthdoy) 78 2-10,1890 White Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🔙 country) Wicomico DIVORCED [7] WIDOWED Maryland 10 CITY OF TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR General Hospital Tarmer (most of working life, even if retired) Uwner Owner give street address) Peninsula Salishury | Peninsula Get 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY CO Rt#1 YES T NO 😾 Salisbury 15 MOTHER'S MAIDEN NAME First M.ddle 14 FATHER'S NAME Middle Last First White Wheatlev Arianna Charles Henry 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, ar unknawn) Yes (If yes give war or dates of service) Mrs. Minnie H. Wheatley, See Sec. 13 217-36-0124 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the haspital ar attending physician last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been of Health priar to 20b. IF YES, WERF FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔲 far use 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical exominer) detached (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at work 22a, I certify that (I) (this hospital) attended the deceased from _1960X, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive-on... Page 4 may be retained directar, page 3 shauld shauld be filed with the ! couses stoted above (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED DIRECTOR STAFF PHYS. DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS Medical Center Salisbury, Maryland Dr. Wilber R. Ellis, Jr. NAME (Type) (County) 23d. LOCATION (City or Town) (State) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (Specify) Burial SILOAM SiLOAM Cemetery WICOMICO So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ~ Hill Funeral Home Salisbury, Maryland 30M REV 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 1 20. DATE OF DEATH 1. DECEASED-NAME Middle Last 2b. HOUR. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Month Year (Type or print) Doroth 4 RACE S. DATE OF BIRTH 6 AGE (In veors IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX last birthday) MONTHS HOURS 1917 Apr. 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED Del. Wicomico USA WIDOWED TO DIVORCED cremation, ar removal, and in any event, within 72 the attending physician and campletely filled isit permit. Then please remave carban page 12a. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR General Hospittar working the contract.) Salisbury INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY y ES 🕞 NO. Blvd. Wicomico Salisbury Chippewa Md. Middle 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Waller Short Ebb Anna 16b SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no ar unknown) (If yes give war or dates of service) Anna Short. Milton. Del. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), BETWEEN ORSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) burial-transit permit. Conditions, if any, which gave) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) far use as the t f Health priar ta b O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da AUTOPSY? CAUSES OF DEATH? 25 YES F NO F be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Jem 18. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 3 shauld be detached with the State Dept. of / AT HOME, FARM, STREET FACTORY. \ 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY Street or R.F.D. No. City at Tawn County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (por) apinian death accurred an the date and haur and from the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. director, page 3 should be filed v DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (Stote) (County) 23a BURIAL CREMATION. 3/68 Antioch Cemetery Frankford VR A15 (4) 30M REV. 1/68



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